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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION
CENTROIMPORTS COPP 28 Certificate of Status Certified Copy Page Count Estimated Charge

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: |
|---|
| CENTRO IMPORTS COYP |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 1293 N UNIVERSITY DRIVE SUITE #309 |
| CORAL SPRINGS, FL., 33071 |
| |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| RICHARD VASQUEZ (P) |
| |
| |
| <u> </u> |
| |
| <u> </u> |
| 7 |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| RICHARD VASQUEZ |
| 9205 RAMBLEWOOD DRIVE SUITE #832 |
| CORAL SPRINGS, FLORIDA, 3907/ |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| RICHARD VASQUEZ |
| 9205 RAMBLEWOOD DRIVE SUITE #832 |
| CORAL SPRINGS FLORIDA 3307/ |

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Required Signatures:

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 06/21/2016

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard Carques 06/21/2016