

H16000071127.001

Florida Department of State
Division of Corporations
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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

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FLORIDA PROFIT/NON PROFIT CORPORATION
ILERNUS CORP

Certificate of Status	0
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Page Count	03
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8/30/16

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME IERNUS CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
999 PONCE DE LEON BLVD STE: 705 SAME
CORAL GABLES, FL 33134

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is:

Vertical stamp: 16 AUG 29 PM 1:19
ALL AMOUNTS IN STATE OF FLORIDA

ARTICLE IV SHARES SHARES: 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Clover Horacio Brito Borges (P) Name and Title: Nohelia Coromoto Bastidas Paredes (S)
Address: 8941 SW 6TH CT Address: Conjunto Residencial El Fortin
PLANTATION, FL 33324 Edif.11 Apt 11-14, Urb, NU
Miranda CP 1070
Name and Title: Francis Zulayda Cova Martinez (V/P) Name and Title:
Address: Calle El Trebol Residencias Caracas Address:
Country House Townhomes Hatillo
Caracas CP 1083
Name and Title: Alexander Aureli Elorreaga Zabala (D) Name and Title:
Address: Calle 5 Residencias Royal Palace Address:
PH, Urb Terrazas del Ayila Caracas
CP 1070

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PADIAL & COMPANY, P.A.
Address: 999 PONCE DE LEON BLVD STE:705
CORAL GABLES, FL 33134

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
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P. 11. E. 0

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Clover Horacio Brito Paredes
Address: 8941 SW 6TH CT
PLANTATION, FL 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Myriam Sanchez

Required Signature/Registered Agent

08/25/2016

Date

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.817.113, F.S.

[Signature]

Required Signature/Incorporator

08/25/2016

Date