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FAX No.

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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
EL DESCARGUE CORPORATION**

Certificate of Status	0
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NOV 01 2016

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: EL DESCARGUE CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

ONE PLAZA1818 SW 1ST AVE APT: 912BRICKELL, FL 33129**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jose Carlos de la Trinidad Cegarra Araujo

Name and Title: _____

Address ONE PLAZA

Address: _____

1818 SW 1ST AVE APT: 912BRICKELL, FL 33129Name and Title: Gustavo Arnaldo Mendoza Maldonado

Name and Title: _____

Address ONE PLAZA

Address: _____

1818 SW 1ST AVE APT: 912BRICKELL, FL 33129

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Gustavo Arnolde Mendoza Maldonado
Address: ONE PLAZA 1818 SW 1ST AVE APT: 912
BRICKELL, FL 33129

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ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Gustavo Arnolde Mendoza Maldonado
Address: ONE PLAZA 1818 SW 1ST AVE APT: 912
BRICKELL, FL 33129

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

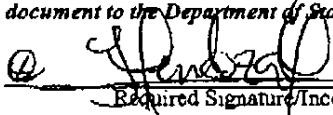


Required Signature/Registered Agent

10/28/2016

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.817.155, F.S.



Required Signature/Incorporator

10/28/2016

Date