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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
EXPERIENCIA ALAIN INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: EXPERENCIA ALAIN INC

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: 5775 NW BLUE LAGOON DR SUITE 135
MIAMI, FL 33126

Mailing Address if different is:

ARTICLE III PURPOSE

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

ARTICLE IV

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALAIN PUPO-PRESIDENT

Address: 8910 NW 99TH CT
DORAL, FL 33178

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: ALAIN PUPO

Address: 8910 NW 99TH CT
MDORAL, FL 33178

17 JAN 12 AM 10:41
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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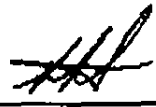
ARTICLE VII INCORPORATOR

H17000011529

The name and address of the Incorporator is:

Name: ALAIN PUPO
Address: 8910 NW 99TH CT
DORAL, FL 33178

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

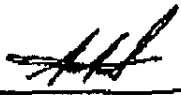
X 

Required Signature/Registered Agent

01/12/17

Date

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

X 

Required Signature/Incorporator

01/12/17

Date

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DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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