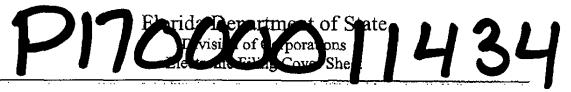
2/3/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H17000033485 3)))



H170000334853ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146

Phone : (305)444-4994

Fax Number : (305)444-4977

*#Ente	er the	email	address	for	this	busin	ess	entity	to	be i	used	for	future
	annual	repor	t mailin	gs.	Enter	only	one	email	addr	ess	ple	ase.	**

FLORIDA PROFIT/NON PROFIT CORPORATION RIBAS AA, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 0 6 2017

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

ARTICLE I NAME The name of the corpora	nion shall be:		
ARTICLE II PRINC	Principal street address	Mailing :	address, if different is:
4455 SW 2ND STREET CORAL GABLES, FL		***************************************	
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	O ALL LAWFUL BUSINES	s
	<del></del>		A S. A
ARTICLE IV SHARD The number of shares of			FEB-3 / CRETARY CAHASSEE
	L OFFICERS AND/OR DIRECTORS		
Name and Title	ALBERTO JIMENEZ RIBAS (P)	Name and Title:	97.7 W
Address	4455 SW 2ND STREET	Address:	577
	CORAL GABLES, FL 33134	<del></del>	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address	·····	Address:	
·			

Name a	nd Title:	Name and Title:				
Addres	s	Address:				
	REGISTERED AGENT  Morida street address (P.O. Box NOT acceptable)	e) of the registered agent is:				
Name:	ALBERTO IMENEZ RIBAS	of the Augustica angular sa.				
Address:	4455 SW 2ND STREET	_				
radios.	CORAL GABLES, FL 33134					
ARTICLE VII	INCORPORATOR					
	address of the Incorporator is:					
Name:	ALBERTO TIMENEZ RIBAS					
Address:	4455 SW 2ND STREET					
	CORAL GABLES, FL 33134					
ADTICI E VIII	EFFECTIVE DATE:					
Effective date, i	f other than the date of filing:	. (OPTIONAL) unnot be more than five days prior or 90 days after the				
	te inserted in this block does not meet the applica effective date on the Department of State's recon	able statutory filing requirements, this date will not be listed rds.				
Having been no this certificate,	men as registered agent to accept service of pro In familiar with and accept the appointment a	ocess for the above stated corporation at the place designate s registared agent and agree to act in this capacity				
	<b>-</b>	02/02/2017				
	/ Required Signature/Registered Agent	Date				
I submit this do	coment and affirm that the facts stated herein pepartment of State constitutes a third degree j	are true. I am aware that the fulse information submitted felony as provided for in s.817.155, F.S.				
. A		02/02/2017				
7 Kegi	pired Signature/Incorporator	Date				