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COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Ryasa Investments, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Capitol Services - Corporate Filings Team

Name (Printed or typed)

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City, State & Zip

(800) 345-4647

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Ryasa Investments, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

255 Alhambra Circle, Suite 560Coral Gables, FL 33134**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The nature of the business or purposes to be conducted or promoted is to engage in any lawful act or activity for which corporations may be organized under the General Corporation Law of the State of Florida.

ARTICLE IV SHARESThe number of shares of stock is: 100,000, par value \$.001**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: José Alberto Aguirre Peña, DirectorAddress: Ave Nogalar sur 107, Col. CuauhtémocSan Nicolás de los Gerza, Nuevo LeónMéxico, C.P. 66450Name and Title: José Ma Aguirre Guzmán, DirectorAddress: Ave Nogalar sur 107, Col. CuauhtémocSan Nicolás de los Gerza, Nuevo LeónMéxico, C.P. 66450

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Capitol Corporate Services, Inc.
Address: 155 Office Plaza Dr Ste A
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: José Rubén Villagomez Chavarria
Address: Ave Nogalar sur 107, Col. Cuauhtémoc
San Nicolás de los Garza, Nuevo León, Mexico C.P. 66450

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 days prior or 90 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

Teresa Sharpley Teresa Sharpley, Asst. Sec. on behalf of
Capitol Corporate Services, Inc.
Required Signature/Registered Agent

3/16/2017

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.

[Signature]
Required Signature/Incorporator

03-15-2017
Date