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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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 IG CARRIER INC

RECEIVED

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

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RECRETARY OF STATE
ALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE 1 NAME: The name of the corporation is: |
|---|
| IG CARRIER INC |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 8936 NW 144 for |
| Miami Lakes . Fl 33018. |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| |
| TA A |
| AAA - |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| LVAN GIL |
| Miami Lakes Fl 33018 |
| 1 500,10 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Ivan GIL |
| -8706 NW 144 Terr |
| - MIGMI LAKES, FL 32018 |

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Required Signatures:

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

Registered Agent

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 8.817.155. F.S.

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