

1/29/2019

Division of Corporations

**P1900000345143ABC8248**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*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  
THECRA INC.**

Certificate of Status	0
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Page Count	03
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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

**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: THECRA INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1001 BRICKELL BAY DRIVE # 24061001 BRICKELL BAY DRIVE # 2406MIAMI, FL 33131MIAMI, FL 33131**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: HOLDING COMPANY**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FABIO ARASANZ / PRESIDENT

Name and Title: \_\_\_\_\_

Address 1001 BRICKELL BAY DRIVE # 2406

Address: \_\_\_\_\_

MIAMI, FL 33131

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: NRAI SERVICES INC.  
Address: 1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: LEONARDO ANDRADE  
Address: 1001 BRICKELL BAY DRIVE # 2406  
MIAMI, FL 33131

**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*

**Peter F. Souza**  
**Assistant Secretary**

01/29/2019

\_\_\_\_\_  
Required Signature/Registered Agent\_\_\_\_\_  
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.*

**Leonardo Andrade**

01/29/2019

\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
Date