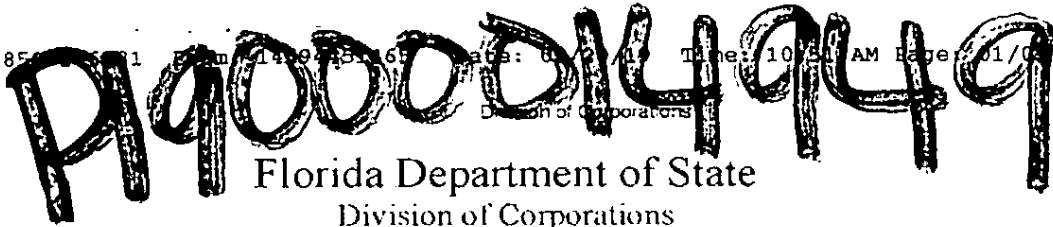


2/20/2019



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H19000058853 3)))



H190000588533ABC6

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I2018000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

2019 FEB 20 PM 2:05

**FLORIDA PROFIT/NON PROFIT CORPORATION
IUTOPIA DRY, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$78.75 |

SECRETARY OF STATE
TALLAHASSEE, FL

2019 FEB 20 PM 3:47

FILED

Electronic Filing Menu Corporate Filing Menu Help

((H19000058853 3))

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: IUTOPIA DRY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
9391 SW 55 ST, MIAMI, FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SALE AND DISTRIBUTION OF TOWELS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLOS LUNA, PRESIDENT

Address: 8903 SW 69 ST
MIAMI, FL 33173

Name and Title: JUAN P. GONZALEZ COBIAN, VP

Address: 7000 ISLAND BLVD. #1610
AVENTURA, FL 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

((H19000058853 3))

((H19000058853 3)))

| | |
|-----------------------|-----------------------|
| 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: JOE A. REYES, CPA
Address: 6701 SUNSET DR, STE 100
MIAMI, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLOS LUNA
Address: 8903 SW 69 ST
MIAMI, FL 33173

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



Required Signature/Registered Agent

2/19/19

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.



Required Signature/Incorporator

2/19/19

Date

((H19000058853 3)))