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To: Division of Corporations Fax Number : (850)617-6381	PM 3: 00	
From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	Ç	T4. ; FX
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:	OCT	1 7 20:3

FLORIDA PROFIT/NON PROFIT CORPORATION

Mayra Export Corp

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:				
Mayra Export Corp.				
ARTICLE II PRINCIPAL OFFICE:				
The principal street address and mailing address is: 15030 Ember Spring Circle Apro 3207 Orlando FL 32821				
ARTICLE III SHARES: The number of shares of stock is:				
Hayelin chiquinquira Jansey Gardia President				
- CT	د اس او د عاد			
p \ 0	:			
三 	10			
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:				
The name and Florida street address (PO Box not acceptable) of the reg stered agent is:				
MAYelin Chiquinguira Jansen Garcia 15030 Ember Spring Circle Apt 3207 Drlando, FL. 32821				
Drlando, FL. 32821				
ARTICLEVI INCORPORATOR: The name and address of the Incorporator is: Mayelin Chiquinguina Jansen Gancia				
Mayetin Chiquinguira Jansen Garcia 15030 Ember Speing Circle Apt 3207				
Orlando, FL 32821				

Required Signatures:

Having been named as registered agent to accept s corporation at the place designated in this certific appointment as registered agent and agent age	ervice of process for the above stated ate, I am familiar with and accept the gree to act in this capacity
Maren	
Registered Agent	l'ate
I submit this document and affirm that the facts state the false information submitted in a document to the third degree felony as provided for in s.817.155, F.S.	ted herein are true. I am aware that e Department of S:ate constitutes a
(ncorporator)	I are