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(Requestor's Name)

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(City/State/Zip/Phone #)

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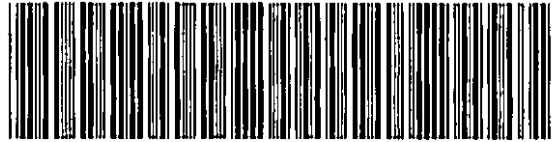
(Business Entity Name)

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COVER LETTER

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

SUBJECT: Domestication-Titan Products of Puerto Rico, Corp.

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: Titan Products of Puerto Rico, Corp.-Att. Jaime Sanchez Bellas

Name (printed or typed)

1111 Central Florida PKWY

Address

Orlando, FL 32837

City, State & Zip

407-687-1677

Daytime Telephone Number

jsanchez@barsan-titan.com

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

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Jaime Sanchez Bellas President & Director
(Name) (Title)

F13000000048

of Titan Products of Puerto Rico, Corp, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Titan Products of Puerto Rico, Corp.
(Foreign Corporation)

2. The jurisdiction and date of its formation is Puerto Rico-November 12, 2014

3. The name of the domesticated corporation is Titan Products of Puerto Rico, Corp.

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.

Jaime Sanchez
(Authorized Signature)

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Titan Products of Puerto Rico, Corp

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

1111 Central Florida PKWY

Orlando, FL 32837

Mailing Address

1111 Central Florida, PKWY

Orlando, FL 32837

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CLERK OF COURT
JANET L. BROWN
CLERK OF COURT

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Distribution of products manufactured in Puerto Rico and other States; as well as any other business permitted pursuant to the laws of the State of Florida

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 20,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Jaime Sanchez Bellas

1111 Central Florida PKWY

Orlando, FL 32837

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Jaime Sanchez
Signature/Registered Agent

08-19-2020
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Vicente Sanchez Barbeito- CEO
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: Luisa Bellas- Sec & Treasurer
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: Jaime Sanchez Bellas-President
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: _____
Address: _____

Name & Title: Vicente Sanchez Barbeito- Director
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: Luisa Bellas- Director
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: Jaime Sanchez Bellas-Director
Address: 5422 Bay Side Dr
Orlando, FL 32819

Name & Title: _____
Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Jaime Sanchez
Signature/ Authorized Person

08-19-2020
Date

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STATE OF FLORIDA
DEPARTMENT OF STATE