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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.

Email Address:__

FLORIDA PROFIT/NON PROFIT CORPORATION AMERICAN WHOLESALE CORP

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

ARTICLES OF INCORPORATION In compliance with Chapter 60% (Profit)

ARTICLE I NAME: The name of the corporation is:

| AMERICAN Wholesale corp |
|---|
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 13793 Sw 20 St m/Am/ E1 33179 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICEI(S: |
| DAMIAN CARMONA (P) |
| 28 |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| MMIAN CARMONA 3 13793 SW 205T |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| DAMIAN CARMONA 13793 SW ZOST MIAMI F 33175 |
| MIAMI F 3317T |

Required Signatures:

I

| Having been named as registered agent to accept corporation at the place designated in this certification appointment as registered agent and | service of process for the above stated icate, I am familian with and accept the agree to act in this canacity |
|---|--|
| Registered Agent | Date |
| submit this document and affirm that the facts st | tated 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.

incorporator

Date

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