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Examiners Initials

## Articles of Domestication Foreign Corporation Domesticating to Florida

The ur	ndersigned.	MANUEL ROMO MUNOZ	PRESIDENT	
,,,,,	,, -, -, -, -, -, -, -, -, -, -, -,	(Name)	(Title)	
		CORPORATION	a foreign	
		cordance with s. 607.11922, Florida St	atutes, submit these Articles of	
	stication.		DDOANUEA CODDODATION	,
1.	Then name	e of the domesticating corporation is _	(Foreign Corporation)	-
2.	The jurisdi	iction and date of its formation is $\frac{-03}{2}$	28/2014	<u>;</u>
3.	The name	of the domesticated corporation is Pl	ROAN USA CORPORATION.	<u>.                                      </u>
		iction of formation of the domesticated	d corporation is Florida	
4.	ine jurisoi	ection of Iormation of the domesticated	Corporation is Fibrida	
5.		stication corporation is a foreign corpoin accordance with its organic law.	oration and the domestication was	
6.		are Florida Articles of Incorporation to ents pursuant to s.607.0202, F.S.	complete the domestication	
certif	y I am auth	orized to sign these Articles of Domest	ication on behalf of the corporation.	
		(Authorized	Signature)	

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

ARTICLE I NAME	
THE NAME OF THE CORPORATION SHALL BE:	
PROAN USA CORPORATION	
ARTICLE II PRINCIPAL OFFIC	Œ
THE PRINCIPAL PLACE OF BUSINESS/MAILING	G ADDRESS IS:
Principal Address	Mailing Address
999 PONCE DE LEON BLVD STE 835	
CORAL GABLES, FL 33134	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION	ON IS ORGANIZED:
ANY AND ALL LAWFUL BUSINESS	<u>.</u> <u>.</u>
ARTICLE IV SHARES THE NUMBER OF SHARES OF STOCK IS: 10	0
ARTICLE VI REGISTERED A	GENT AND STREET ADDRESS
THE NAME AND FLORIDA STREET ADDRES	(P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS
MYRIAM C. GONZALEZ, PA	· · ·
999 PONCE DE LEON BLVD STE 935	· · · · · · · · · · · · · · · · · · ·
CORAL GABLES, FL 33134	
HAVING BEEN NAMED AS REGISTERED A	GENT AND TO ACCEPT SERVICE OF PROCESS FOR THE
ABOVE STATED CORPORATION AT THE PL	ACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR
	REGISTERED AGENT AND AGREE TO ACT IN THIS
CAPACITY.	(・フガー)
(i)	
Signature/Registered Agent	Date

### ARTICLE V DIRECTORS AND/OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES: Name & Title: Name & Title: MANUEL ROMO MUNOZ (P) 999 PONCE DE LEON BLVD Address: Address: STE 935 CORAL GABLES, FL 33134 Name & Title: Name & Title: \_\_\_\_\_\_ Address: Address: Name & Title: Name & Title: \_ Address: Address: Name & Title: Name & Title: Address: 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. Signature/Authorized Person