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.

(((H21000166404 3)))



H210001664043ABCY

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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 : (305)552-5973 : (305)675-5944 Fax Number

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 INVERSIONES NARANJO G.S.A.S. INC

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	ARTICLET	NAME:	The	name of	the c	omoratio	n is:
--	----------	-------	-----	---------	-------	----------	-------

INVERSIONES NARANJO G.S.	A.S
ARTICLE II PRINCIPAL OFFICE:	INC
The principal street address and mailing address is:	
15650 SW 136 ST APT 2-18	
MIAMI FI 33196	
ARTICLE III SHARES: The number of shares of stock is:	•
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
PRESIDENT 100 %	
OSCAR MANUEL NARROWJO FIRE	AC BLOS
VICE PRESIDENT. 0	<u> </u>
OSCAR GOMZALO GALVIS MACAR	
	
	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDR	ESS:
The name and Florida street address (PO Box not acceptable) of the registered a	gent is:
OSCAR MANUEL NARANJO	
15650 sw 136 ST APT 218	
MIRMI FL 33(96.	
ARTICLE VI INCORPORATOR: The name and address of the Incorpo	rator is:
OSCAR GONZAG GALVIS MAC	AKEO.
15650 sw 1365T Apl 2119	
MIRMI FL 33196.	

Required Signatures:

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

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.