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Division of Corporations

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## FLORIDA PROFIT/NON PROFIT CORPORATION RICHELI 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:

|   | ARTICLE II PRINCIPA   | AL OFFICE:                      |                  |
|---|---|---------------------------------|------------------|
|   | The principal street address and                              | mailing address is:             |                  |
| 9822 SW 159                                   |   | _                               |                  |
| MIAMI, <u>FLORID</u>                          | A. 33196  |                                 | <del></del>      |
|   |   |                                 | _                |
| ARTICLE III                                   | SHARES: The number of share                                   | es of stock is:                 | - FALLA          |
| ARTIC   | CLE IV INITIAL DIRECTOR                                       | RS AND/OR OFFICERS:             | HAS HE           |
| RICARDO SANDI                                 | NO-PRESIDENT  |                                 | SEE              |
| 9822 <u>SW 159 PA</u> 7                       | TH MIAMI FLORIDA. 33196                                       |                                 | To H             |
| ELIZABETH CAI<br>10300 SW 147 C               | RTAGENA -VP<br>court Circle, Apt 36 Miami, FL-331             | 196                             | · 25             |
|   |   |                                 | <del></del>      |
|   |   |                                 |                  |
|   |   |                                 |                  |
| . <del>.</del>                                |   |                                 |                  |
| ARTICLE V                                     | 71  | eceptable) of the registered as | gent is:         |
| The name and F                                | Torida street address (PO Box not ac                          | 1 - y                           |                  |
| The name and F                                | [AGENA  |                                 | <del></del>      |
| The name and F                                |   |                                 | <del></del>      |
| The name and F                                | [AGENA  |                                 | <del></del>      |
| The name and F ELIZABETH CART 10300 SW 147 CC | [AGENA  | _ORIDA - 33196                  | <br><br>utor is: |
| The name and F ELIZABETH CART 10300 SW 147 CC | TAGENA DURT CIRCLE, APT 36 MIAMI FL  INCORPORATOR: The name a | _ORIDA - 33196                  | ator is:         |

## 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

Registered Agent Date

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.

Incorporator

20 LAHASSEE, FLORIDA