Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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| 10. | Division of Corporations | S | |
| | Fax Number : (850)617-6381 | tn - | \Box |
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| From: | | 77 | |
| | Account Name : LAZARUS CORPORATE FILING SER | NICE, INC. CO | ::- |
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FLORIDA PROFIT/NON PROFIT CORPORATION TRIPLE SSS EQUINE INC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Electronic Filing Menu Corporate Filing Menu

Email Address:___

ARTICLES OF INCORPORATION

7

In compliance with Chapter 607 (Profit)

ama of the appropriation is:

| ARTICLE 1 NAME: The name of the corporation is: |
|---|
| TRIPLE 565 Equine INC |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: 761 nw 21 st street Miami F1 33127 55 |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICIFIV INTITAL DIRECTORS AND/OR <u>Orricens</u> . |
| (P) George John FALCON (VP) Schastian NOAH Tundidor - Comas |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| George JOHN FAICON |
| Miami, Florida 33127 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: George John Falcon 3.54 Struct |
| George JOHN FALCON 761 nw 21 st street Miami, Florida 33127 |

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

Remarked Agent

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

TALLAHASSEE, FINDING