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.

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| То:       | Division of Corporations Fax Number : (850)617-6381  | HASSEE, F | N 28 PM   |   |
| From:     | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 |           | 12: 43    |   |

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION DIVINO MANA CORP.

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEFFE JUNE 1 (22)

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

| ARTICLE I NAME: The name of the corporation is:  |     |
|--|-----|
| Divino Mana Corp.  |     |
| ARTICLE II PRINCIPAL OFFICE:   |     |
| The principal street address and mailing address is:  2500 NW 79 Ave Suite 100   |     |
| Dood, FC 33122   |     |
| ARTICLE III SHARES: The number of shares of stock is:  |     |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICER,S:  LUCIO Del Toro (P)   | C   |
| <u> </u>   | 143 |
| Carlos Henry Rodriguez (VP)  |     |
| 28   |     |
|  |     |
| <u> </u>   |     |
| <u> </u>   |     |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET AD DRESS.  |     |
| The Date of the Da |     |
| The name and Florida street address (PO Box not acceptable) of the registered agent is:  |     |
| 2500 NW 79 Due suite 100   |     |
| ^  |     |
| Doral, Fl. 33122   |     |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:  |     |
| Carlos Henry Rodriguez   |     |
| 2500 NW 79 AU suite 100  |     |
| Dood, FC 33122   |     |

## Required Signatures:

| Having been named as registered agent to accept servi corporation at the place designated in this certificate, appointment as registered agent and agree                | ce of process for the above stated I am familia: with and accept the to act in this capacity |
|---|--|
| wegistered Agent  | Date   |
| /   |  |
| I submit this document and affirm that the facts stated I the false information submitted in a document to the Dethird degree felony as provided for in s.817.155, F.S. | nerein are true. I am aware that epartment of State constitutes a                            |
|   |  |
|   | 21. 21.  |
| /   | FILL<br>JUN 28<br>Anassi   |
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