

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
EMPIREO LA CORP.**

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EMPIREO LA CORP.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
92 E.10th ST. APT 19
HIALEAH, FL 33010

Mailing address, if different is:

92 E.10th ST. APT 19
HIALEAH, FL 33010**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LAYNEL ALVAREZ - P

Name and Title: _____

Address 92 E.10th ST. APT 19

Address: _____

HIALEAH, FL 33010

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LAYNEL ALVAREZ
Address: 92 E.10th ST. APT 19
HIALEAH, FL 33010

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: LAYNEL ALVAREZ
Address: 92 E.10th ST. APT 19
HIALEAH, FL 33010

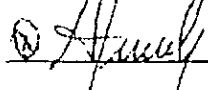
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

 _____
Required Signature/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.

 _____
Required Signature/Incorporator Date