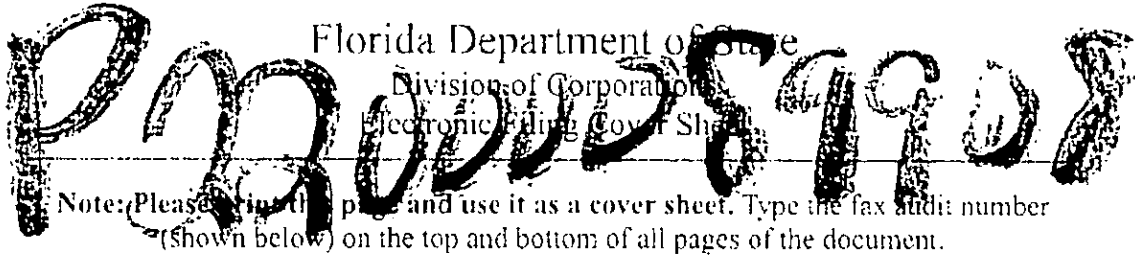


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Division of Corporations



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FLORIDA PROFIT/NON PROFIT CORPORATION  
BIN DEVELOPMENTS INC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

T. SCOTT  
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61:01 PM 9:22:27

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Help

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

ARTICLE I NAME

The name of the corporation shall be: BIN DEVELOPMENTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3480 NW 85TH CT APT 616

DORAL, FL 33122

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAVIER TRINIDAD MARQUEZ BUSTOS (P)

Name and Title:

Address 3480 NW 85TH CT APT 616

Address:

DORAL, FL 33122

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JAVIER TRINIDAD MARQUEZ BUSTOS  
Address: 3480 NW 85TH CT APT 616  
DORAL, FL 33122

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAVIER TRINIDAD MARQUEZ BUSTOS  
Address: 3480 NW 85TH CT APT 616  
DORAL, FL 33122

**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