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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION GOLDEN WAVE CAPITAL CORP.

| Certificate of Status | 0 |
|-----------------------|---------|
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Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| Golden Wave Capital (ORP. | |
|---|----------------|
| ARTICLE II PRINCIPAL OFFICE: | |
| The principal street address and mailing address is: | |
| 1145 S 28 Ave Hollywood FL 33020 | |
| | |
| ARTICLE III SHARES: The number of shares of stock is: | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: Abel Alfredo Abad (P) | |
| Abel Alfredo Abad (P) Giselle (Aridad Batista PARRA (V) | |
| | |
| | |
| | |
| | ., |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE | <u>SS:</u> |
| The name and Florida street address (PO Box not acceptable) of the regist-red age | ent is: |
| ABEL ALFREDO ABAD | |
| 1145 S 28 AVE | ;; 5 |
| HOllywood +L 33020 : | 9 |
| A DUTTON FRANCE INCORPORATION The second address of the forest second | •• |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporate | OF IS: |
| 1145 S 28 AVE | |
| HOLLYWOOD FL 33020 | |

EIN: 93 - 362 3096

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 familian 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 Date