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To:

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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Email Address:___

FLORIDA PROFIT/NON PROFIT CORPORATION **MORALES87 CORP**

| Certificate of Status | 0 |
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

| Monales87 conp |
|-----------------------------------------------------------------------------------------|
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 740 SOMBRENO BEACH APT YH MANATUN FC 33000 |
| MANATON FC 33000 |
| |
| ARTICLE III SHARES: The number of shares of stock is: |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| YoiLAN MORALES CANDOSO (P) |
| |
| |
| |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| 240 SOMBRERO BEACH APT 4 H |
| 240 Sombrero beach Apt 4 H |
| MARATON FL 33050 |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| Yorlan Monales Candoso 240 Sombrero Geach APT 4 H |
| |
| MARATON FL 33050 |

Required Signatures:

| Having been named as registered agent to accept ser corporation at the place designated in this certificate appointment as registered agent and agree | e. I am familiar with and accept the |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| | |
| Begistered Agent | Date |
| I submit this document and affirm that the facts stated the false information submitted in a document to the I third degree felony as provided for in s.817.155, F.S. | d herein are true. I am aware that Department of State constitutes a |
| | |