

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Enclosed is an original	and one (1) co	opy of the articles o	of incorporation a	nd a check
for : \$70.00 Filing Fee	Filing Fee & Certificate	122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate y Required	
FROM:	DENN	13 Horn	4ES	×/23/

Name (printed or typed)

Ent PANO City, State & Zip

(Proposed corporate name - must include suffix)

8/20/16 15

400001928424 -08/21/96--01059--001 *****78.75 *****78.75

954-943-0204

FLORIDA 330%

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of the corporation shall be:

CERIPPAMAT USA inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

700 NE ADIO STREET POMPANO BACK

FLORIDA 33064.

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

DENNIS HOLMES
YOU NE 42ND STREET
PONPANO BEACH.

FLORIDA 33064

ARTICLE V INCORPORATOR(S)

See Instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

DENNIE HOLMES 100 NE H-2- STREET POMPANO FLORIDA 33064.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of ALEGUST, 19 96.

(An additional article must be added if an effective date is requested.)

Signature
Signature

Notarization is not required

NOTE: - Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	GRIPPANI	at USA	15世紀 7日
2.	The name and address of the regis	tered agent and office is:		PH CHI
	DENAI	3 HOLMES (NAME)		
	700 NI	K OF Mail Drop Box NOT ACC	REET.	
	(i)	CITY/STATE/ZIP)		•

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE) (DATE) (DATE) (DATE)