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TO: DIVISION OF CORPORATIONS FAX #: (804)922-4001
FROM: EMPIRE CORPORATE KIT COMPANY AOC#: 072450003255
CONTACT: RAY STORMONT FAX #: (305)541-3770
PHONE: (305)541-3694

NAME: BRAZIL STONE IMPORT & EXPORT, CORP.
AUDIT NUMBER.....H90000012041
DOO TYPE.....FLORIDA PROFIT CORPORATION OR P.A.
CERT. OF STATUS..0 PAGES..... 4
CERT. COPIES.....1 DEL.METHOD.. FAX
EST.CHARGE.. \$122.50

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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ARTICLES OF INCORPORATION

ARTICLE I -- NAME

THE NAME OF THE CORPORATION IS:
BRAZIL STONE IMPORT & EXPORT, CORP

WITH THE PRINCIPAL PLACE OF BUSINESS LOCATED AT:
**10699 SHADY POND LANE
BOCA RATON FLORIDA 33428**

ARTICLE II -- PURPOSE

THIS CORPORATION SHALL HAVE THE PERPETUAL EXISTENCE AND MAY ENGAGE IN ANY AND ALL LAWFUL BUSINESS UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE III -- CAPITAL STOCK

THIS CORPORATION IS AUTHORIZED TO ISSUE 1,000 SHARES OF ONE DOLLAR (\$ 1.00) PAR VALUE COMMON STOCK.

ARTICLE IV -- PREEMPTIVE RIGHTS

EVERY SHAREHOLDER, UPON THE SALE FOR CASH OF ANY NEW COMMON STOCK OF THIS CORPORATION, SHALL HAVE THE RIGHT TO PURCHASE THEIR PRO RATA SHARE (AS NEARLY AS MAY BE DONE WITHOUT ISSUANCE OF FRACTIONAL SHARES) AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

ARTICLE V -- INITIAL REGISTERED OFFICE

THE STREET ADDRESS OF THE REGISTERED OFFICE OF THIS CORPORATION IS:

**10699 SHADY POND LANE
BOCA RATON FLORIDA 33428**

THE NAME OF THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:

HELITON DE OLIVEIRA

PREPARED BY:
JAYNE BECHTINGER
B & L BUSINESS LEGAL, INC.
41 N.E. 3RD AVE. SUITE 200
MIAMI, FL 33132 (305) 373-6211

P. 11/19

EMPIRE CORPORATE KIT

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SEP-10-1996 18:28

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TALLAHASSEE, FLORIDA

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PREPARED BY:
H. VANCE BOSTON, JR.
601 N. WILSON AVE., SUITE 100
ATLANTA, GA 30318 (404) 525-6000
FAX: (404) 525-1107

ARTICLE VI -- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE 2 DIRECTOR(S) INITIALLY. THE NUMBER OF DIRECTORS MAY BE EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY LAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE INITIAL DIRECTOR(S) OF THIS CORPORATION IS/ARE:

PRESIDENT - HELITON DE OLIVEIRA
SECRETARY - SANDRA MARIA OLIVEIRA

ARTICLE VII -- INCORPORATOR

THE NAME AND ADDRESS OF THE PERSON SIGNING THIS ARTICLE IS:

HELITON DE OLIVEIRA
10699 SHADY POND LANE
BOCA RATON FLORIDA 33428

ARTICLE VIII -- INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY ANY OFFICER OR DIRECTOR, OR ANY FORMER OFFICER OR DIRECTOR TO THE FULL EXTENT PERMITTED BY LAW.

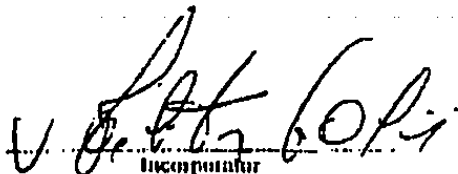
ARTICLE IX -- MANAGEMENT OF CORPORATION SHAREHOLDERS

ALL CORPORATE POWERS SHALL BE EXERCISED BY OR UNDER THE AUTHORITY OF, AND THE BUSINESS AND AFFAIRS OF THIS CORPORATION SHALL BE MANAGED UNDER THE DIRECTION OF, SHAREHOLDERS OF THIS CORPORATION.

ARTICLE X -- BY LAWS

THE POWER TO ADOPT, AFTER, AMEND OR REPEAL BY-LAWS SHALL BE VESTED IN THE BOARD OF DIRECTORS AND THE SHAREHOLDER.

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF INCORPORATION THIS 10TH DAY OF SEPTEMBER 1996.


Incorporator

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**CERTIFICATE DESIGNATING THE ADDRESS AND AN
AGENT UPON WHOM PROCESS MAY BE SERVED**

THAT BRAZIL STONE IMPORT & EXPORT, CORP., DESIRING TO ORGANIZE UNDER THE LAWS OF THE STATE OF FLORIDA, WHICH WILL HAVE ITS PRINCIPAL OFFICE IN THE COUNTY OF DADE, STATE OF FLORIDA, HAS APPOINTED:

AS ITS AGENT TO ACCEPT SERVICE OR PROCESS WITHIN THE STATE.

HAVING BEEN NAMED BY THE FIRST BOARD OF DIRECTORS OF:

"TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THE CAPACITY OF REGISTERED AGENT FOR SAID CORPORATION, AND AGREE TO COMPLY WITH THE APPLICABLE PROVISION OF THE FLORIDA STATUTES, THIS 10DAY OF SEPTEMBER, 1996.

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SWORN TO BY:
ELVANK PAPER CO., INC.
W.A. BISHOP, PRESIDENT
100 N.W. 11TH AVENUE, SUITE 200
MIAMI, FL. 33137 (305) 372-4333
FAX: (305) 372-7007

STATE OF FLORIDA)

COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN STATE
AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED,

HELITON DE OLIVEIRA

KNOWN TO ME TO BE THE PERSON WHO EXECUTED THE FOREGOING ARTICLES OF
INCORPORATION, AND HE ACKNOWLEDGED BEFORE ME THAT HE EXECUTED SAME.

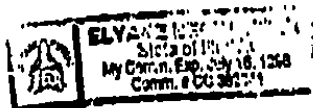
IN WITNESS WHEREOF, I HAVE HEREUNDER SET MY HAND AND AFFIXED MY OFFICIAL
SEAL.

IN THE STATE AND COUNTY AFORESAID THIS 10TH DAY OF SEPTEMBER, 1996.



**NOTARY PUBLIC
STATE OF FLORIDA AT LARGE**

My commission expires:



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PREPARED BY:
 C. J. VAN DER BEEK
 1400 N.W. 10TH AVE., SUITE 100
 MIAMI, FL 33136
 (305) 571-1111

SPECIFIC POWER OF ATTORNEY

I, **HELITON DE OLIVEIRA**, OF MIAMI, FL, THE UNDERSIGNED, TO HEREBY GRANT A LIMITED AND SPECIFIC POWER OF ATTORNEY TO **B & L BUSINESS LEGAL, INC.** OF MIAMI, FL, -- AS MY ATTORNEY-IN-FACT, SAID ATTORNEY-IN-FACT SHALL HAVE FULL POWER AND AUTHORITY TO UNDERTAKE AND PERFORM ONLY THE FOLLOWING ACTS ON MY BEHALF: MANAGE THE PROCEDURES IN ORDER TO OBTAIN PERMITS, ANY KIND OF BUSINESS LICENSES, INQUIRE ABOUT LIABILITIES WITH THE U. S. S. FLORIDA DEPARTMENTS, CUSTOMS, AND ANY OTHER GOVERNMENTAL OFFICE. THE AUTHORITY HEREBY GRANTED SHALL INCLUDE SUCH INCIDENTAL ACTS AS ARE REASONABLY REQUIRED TO CARRY OUT AND PERFORM THE SPECIFIC AUTHORITY GRANTED HEREIN.

MY ATTORNEY-IN-FACT AGREES TO ACCEPT THIS APPOINTMENT SUBJECT TO ACT AND PERFORM IN SAID FIDUCIARY CAPACITY CONSISTENT WITH MY BEST INTEREST AS MY ATTORNEY-IN-FACT IN THIS DISCRETION DEEMS ADVISABLE.

THIS POWER OF ATTORNEY IS EFFECTIVE UPON EXECUTION. THIS POWER OF ATTORNEY MAY BE REVOKED BY ME AT ANY TIME, AND SHALL AUTOMATICALLY BE REVOKED UPON MY DEATH, PROVIDED ANY PERSON RELYING ON THIS POWER OF ATTORNEY SHALL HAVE FULL RIGHTS TO ACCEPT AND RELY UPON THE AUTHORITY OF MY ATTORNEY-IN-FACT UNTIL IN RECEIPT OF ACTUAL NOTICE OF REVOCATION.

SIGNED UNDER SEAL THIS 10 DAY OF SEPTEMBER, 1996.


 Signature
HELITON DE OLIVEIRA

FILED
 96 SEP-11 AM 9:34
 SECRETARY OF STATE
 PALM BEACH, FLORIDA

STATE OF FLORIDA
 COUNTY OF DADE

On 9 / 10 / 1996 before me, **ELYANE DECEITINGER** personally appeared,

HELITON DE OLIVEIRA

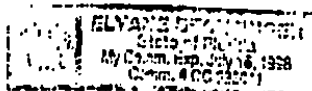
Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is / are subscribed to the within instrument and acknowledged to me that he / she / they executed the same in his/her/their authorized capacity (ies), and that by his / her / their signature(s) on the instrument the person(s), or The entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

Signature _____
 Notary Public

Affiant ☐ Known ☒ Produced ID ☐
 Type of ID _____

(Seal)



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