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Florida Department of State
Division of Corporations
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To:
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    Division of Corporations
    Fax Number      : (850)617-6381
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From:
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    Account Name    : LAZARUS CORPORATE FILING SERVICE, INC.
    Account Number  : I20000000019
    Phone           : (305)552-5973
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```

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA PROFIT/NON PROFIT CORPORATION
SOLDADURAS ORTEGA CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

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TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I   NAME: The name of the corporation is:

Soldaduras Ortega Corp

ARTICLE II   PRINCIPAL OFFICE:

The principal street address and mailing address is:

_20230 SW 124 ct_

Miami FL 33177

ARTICLE III   SHARES: The number of shares of stock is: _100_

ARTICLE IV   INITIAL DIRECTORS AND/OR OFFICERS:

ROBERTO ORTEGA BELLO
— PRESIDENT —

ARTICLE V   INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Roberto Ortega Bello

_20230 SW 124 ct_

Miami FL 33177.

ARTICLE VI   INCORPORATOR: The name and address of the Incorporator is:

Roberto Ortega Bello

_20230 SW 124 ct_

Miami FL 33177.

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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 familiar 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

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