



4/16 72 5 100

Articles of Incorporation - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, OR 97310-1327 - http://www.FilingInOregon.com - Phone: (503) 986-2200

Check the appropriate box below:

BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 8, 9)

PROFESSIONAL CORPORATION
(Complete all items)

FILED

APR 15 2013

OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 930371-91 For office use only

In accordance with Oregon Revised Statute 192.410-192.490, all information on this form is publicly available, including addresses.

We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: Tapas Glass Company

NOTE: For a BUSINESS CORPORATION, the name must contain the word "Corporation," "Company," "Incorporated," or "Limited," or an abbreviation of one of such words. For a PROFESSIONAL CORPORATION, the name must contain the words "Professional Corporation," or abbreviations thereof, i.e., "P.C.," or "Prof. Corp."

2) REGISTERED AGENT: (Individual or entity that will accept legal service for this business)

Brian Dresbeck

3) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS:

(Must be an Oregon Street Address, which is identical to the registered agent's business office. Must include city, state, zip; No PO Boxes.)

11010 NE Everett St. Portland, OR 97220

4) ADDRESS WHERE THE DIVISION MAY MAIL NOTICES:

PO Box 16514 Portland, OR 97292

5) OPTIONAL PROVISIONS: (Attach a separate sheet if necessary.)

INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 60.387 to 60.414.

6) NUMBER OF SHARES: (At least one share must be listed.) 10,000,000

PROFESSIONAL CORPORATION ONLY

7) IF RENDERING A LICENSED PROFESSIONAL SERVICE OR SERVICES, DESCRIBE THE SERVICE(S) BEING RENDERED.

INDEMNIFICATION: The corporation elects to indemnify its directors, officers, employees, agents for liability and related expenses under ORS 58.185.

8) WHO IS FORMING THIS BUSINESS? (INCORPORATORS) (List names and addresses of each incorporator.) (Attach a separate sheet if necessary.)

William I Collins- PO Box 16514 Portland, OR 97292

9) EXECUTION/SIGNATURE(S): (All Incorporators must sign.) (Attach a separate sheet if necessary.)

By my signature, I declare as an authorized authority, that this filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Printed Name:

William I Collins

CONTACT NAME: (To resolve questions with this filing.)

Brian Dresbeck

TAPAS GLASS COMPANY

Required Processing Fee \$100

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at _____, using the Business Name Search program.



93037191-14283089

NEWINC