

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : ALEX PINA CO. Account Number : I20190000095

Phone Fax Number

: (305)803-8471 er : (305)602-3977

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

Email Address:

client@alexpina.co

FLORIDA PROFIT/NON PROFIT CORPORATION WEGO ESPORTS CORP

PAUG 14 PM S: 13

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporat | tion shall be: WEGO ESPO | RTS CORP | | | | |
|---|--|---------------------------|-----------------------------------|---------------|----------|---|
| | | | | | | |
| | ARTICLE II PRINCIPAL OFFICE Principal street address | | Mailing address, if different is: | | | |
| | | | | | | |
| Doral, FL 33166 | | | | | | |
| ARTICLE III PURPO | <u>OSE</u> | | | | | |
| The purpose for which the | he corporation is organized is:Ar | ny and All Lawfull Purpos | e | | | |
| | | | <u> </u> | | | |
| | | | | <u> 22</u> | 20 | |
| ···· | - | | | 2 <u>=</u> i. | 7.1 | - |
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| ARTICLE IV SHARI | nc | | | | | |
| ARTICLE V INITIA Name and Title | L OFFICERS AND/OR DIRECTOR. Gulllermo A Senn - President | Name and Title: | Marcelo E Finkelbe | rg - Direct | or | |
| Address | 8400 NW 36th St Ste 450 | Address: | 8400 NW 36th St Ste 450 | | | |
| | Doral, FL 33166 | | Doral, FL 33166 | | | |
| Name and Title: | Nelson Videla - Director | Name and Title: | Moacyr A Alves - D | Irector | | |
| Address | 8400 NW 361h St Ste 450 | Address: | 8400 NW 36th St St | 9 450 | | |
| | Doral, FL 33166 | - | Doral, FL 33166 | | | |
| Name and Title: | Hector Casas - Director | Name and Title: | | | | |
| Address | 8400 NW 361h St Ste 450 | Address: | | | | |
| | Doral, FL 33166 | | <u> </u> | | | |

| Name ar | nd Title: | Name and Title: | | | |
|--|--|---|--|--|--|
| Address | 5 | Address: | | | |
| | | | | | |
| | | | | | |
| | <u>REGISTERED AGENT</u> lorid <u>a street a</u> ddress (P.O. Box NOT acc | entable) of the registered agent is: | | | |
| Name: | Alex Pina Co. | <u> </u> | | | |
| Address: | 8400 NW 36th St Ste 450 | | | | |
| | Doral, FL 33166 | | 20 | | |
| ARTICLE VII | INCORPORATOR | | Hd 71 02 02 | | |
| The name and a | ddress of the Incorporator is: | | F = - | | |
| Name: | Guillermo A Senn | <u>.</u> | • | | |
| Address: | 8400 NW 36th St Ste 450 | | . . . | | |
| | Doral, FL 33166 | | , 7 | | |
| Effective date, if (If an effective of filing.) Note: If the date | EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific at the inserted in this block does not meet the | and cannot be more than five days papers. Applicable statutory filing requiremen | prior or 90 days after the | | |
| the document's e | effective date on the Department of State' | s records. | | | |
| | ned as registered agent to accept service of familiar with and accept the appointment | | | | |
| A file- | | | 08/14/2020 | | |
| | Required Signature/Registered Agent | | Date | | |
| I submit this document to the | cument and affirm that the fucts stated h Department of State constitutes a third de | nerein are true. I am aware that the j gree felony as provided for in s.817.13 | false information submitted in 6 55, F.S. | | |
| | 44- | | 08/14/2020 | | |
| Required Signati | re/Incorporator | | late | | |