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COVER LETTER

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

SUBJECT: XQUADRA U.S.A. INC

Enclosed is an original and one (1) copy of the Articles of Domestication and a check:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	<u>\$ 78.75</u>
Total filing fee	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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From: XQUADRA U.S.A. INC

Name (printed or typed)

15800 PINES BLVD SUITE 331

Address

PEMBROKE PINES, FL. 33027

City, State & Zip

(305) 877 - 5174

Daytime Telephone Number

oscar.castrillon@taxcareinc.com

E-mail address: (to be used for future annual report notification)

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, GINA PAOLA CHAVEZ FORERO, PRESIDENT
(Name) (Title)

of XQUADRA U.S.A. INC, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is XQUADRA U.S.A. INC
(Foreign Corporation)

2. The jurisdiction and date of its formation is 07/14/2016

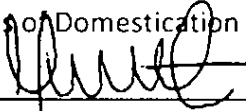
3. The name of the domesticated corporation is XQUADRA U.S.A. INC

4. The jurisdiction of formation of the domesticated corporation is **Florida**

5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.

6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

2021/07/16 17:19:52

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

XQUADRA U.S.A. INC

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address	Mailing Address
<u>15800 PINES BLVD</u>	<u>15800 PINES BLVD</u>
<u>SUITE 331</u>	<u>SUITE 331</u>
<u>PEMBROKE PINES, FL. 33027</u>	<u>PEMBROKE PINES, FL. 33027</u>

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:
PRECIOUS METAL SALES

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000,000

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

TAX CARE MIRAMAR

15800 PINES BLVD SUITE 331

PEMBROKE PINES, FL. 33027

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 AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.

OSCAR J CASTRILLON
Signature/Registered Agent

08/05/2021
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: GIJIA PAOLA CHAVEZ FORERO, PRESIDENT

Address: 15800 PINES BLVD

SUITE 331

PEMBROKE PINES, FL. 33027

Name & Title: DIANA MILENA VELASQUEZ, VICE PRESIDENT

Address: 15800 PINES BLVD

SUITE 331

PEMBROKE PINES, FL. 33027

Name & Title: MARCELA PARRA, DIRECTOR

Address: 15800 PINES BLVD

SUITE 331

PEMBROKE PINES, FL. 33027

Name & Title: JUAN CARLOS PARRA, DIRECTOR

Address: 15800 PINES BLVD

SUITE 331

PEMBROKE PINES, FL. 33027

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

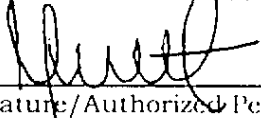
Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.



Signature/Authorized Person

08/05/2021

Date

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