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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

## COVER LETTER

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

SUBJECT: CERTAL USA, INC.

(PROPOSED CORPORATE NAME -- MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: CERTAL USA, Inc.

Name (Printed or typed)

255 University Dr.

Address

Coral Gables, FL 33146

City, State & Zip

305.665.3400

Daytime Telephone number

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

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **CERTAL USA, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

255 University Dr.  
Coral Gables, FL 33146

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**12 JUN -4 PM 2:22**  
Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To define, analyze and study matters affecting the telecommunications industry, and the improvements thereof, to promote the freedom of expression and access of information in Latin America.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

will be defined in the by-laws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ulises Herran, Director / President  
Address: 2555 Lejeune Road, 5th Floor  
Coral Gables, FL 33146

Name and Title: Leonardo Ramirez, Director / Treasurer  
Address: 2555 Lejeune Road, 5th Floor  
Coral Gables, FL 33146

Name and Title: Pablo Antonio Scotellaro, Director / Secretary  
Address: 2555 Lejeune Road, 5th Floor  
Coral Gables, FL 33146

Name and Title: Oscar Silveira, Director  
Address: 2555 Lejeune Road, 5th Floor  
Coral Gables, FL 33146

Name and Title: Alejandro Jose Romero, Director  
Address: 2555 Lejeune Road, 5th Floor  
Coral Gables, FL 33146

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Fernando S. Aran, Esq.  
Address: Aran Correa Guarch & Shapiro, P.A.  
255 University Dr.  
Coral Gables, FL 33146

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Fernando S. Aran, Esq.  
Address: Aran Correa Guarch & Shapiro, P.A.  
255 University Dr.  
Coral Gables, FL 33146

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

  
\_\_\_\_\_  
Required Signature of Registered Agent

5/29/2012  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Required Signature of Incorporator

5/29/2012  
\_\_\_\_\_  
Date