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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

001668.135974

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

****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
VIASTATA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

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B 11/8/10

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

ARTICLE I NAME

The name of the corporation shall be:

Viastara, Inc.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1970 NW 129th Av. #107
Miami, FL 33182

Mailing address, if different is:

2660 Sarnen Street, Suite 200
San Diego, CA 92154**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:
to distribute, develop market and sell electronic consumer products and accesories
in Latin America and any other territory, in addition to any other lawful business
permitted by the laws of any jurisdiction in which the corporation may do business.

ARTICLE IV SHARES

The number of shares of stock is:

10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eduardo Escalante, CEO
Address: and President
2660 Sarnen Street, Suite 200
San Diego, CA 92154

Name and Title: _____
Address: _____

Name and Title: Carlos Escalante, CEO
Address: and Secretary
2660 Sarnen Street, Suite 200
San Diego, CA 92154

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: CorpDirect Agents, Inc.
Address: 515 E. Park Ave.
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lizbeth Rivera
Address: 701 B Street, Suite 1400
San Diego, CA 92101

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/Registered Agent

Michele Holden, Assistant Secretary

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.817.153, F.S.



Required Signature/Incorporator

11/5/10

Date

11/05/2010

Date

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