Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H15000087033 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

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

| Emali | Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION **CONNEX USA INC**

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

CORPORATION H15000087033

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

ARTICLE I NAME: The name of the corporation is:

| THE ACTION AND ACTION OF CONTROL OF THE PARTY OF THE PART |
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| CONNEX USA Inc. |
| ARTICLE II PRINCIPAL OFFICE: |
| The principal street address and mailing address is: |
| 3550 SW 148th. AVE. MIRAHAR SUITE 110 |
| FL. 33027. |
| |
| ARTICLE III SHARES: The number of shares of stock is: 100 |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: |
| PEDEO ANTONIO CARDENAS HARTINEZ. PRESIDENT. |
| ALONSO RAPAEL LIZAPAR SANCHER. VICE-PLESIDENT. 20 3 |
| RAFAEL EDUARDO LIZARAS SANCHEZ- VICE PREIDEIR |
| ISABELL OPOPETA HOLLING DILECTOL CO |
| |
| |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: |
| The name and Florida street address (PO Box not acceptable) of the registered agent is: |
| RAFAEL EDUARIO LIZARAZ SANCHEZ |
| 11700 SW 1ST STREET , APT. 303 PENSIONE PINES PL. 33025. |
| |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: |
| RAFAEL ENUMBO LIGHBAR SHOWLEET. |
| 11900 SW 1ST STREET, APT-303, PEMBYOKE PI'NET FL. 33025. |
| |

Required Signatures:

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

Regimeded Agent

04 06 2015.

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.817.155, F.S.

Incorporator

04 08 2015.

Date