

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000071117 3)))



H160000711173ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC

Account Number: I2000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

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 CAPRICORN CAPITAL HOLDINGS USA, CORP.

Certificate of Status	Ð
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

16 MAR 21 PH 12: 51

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit CRETARY OF STATE

ARTICLE I NAME The name of the corpora		DINGS USA, CORP.
ARTICLE II PRINC	CIPAL OFFICE	
ONE BISCAYNE TOV	Principal street address	Mailing address, if different is:
2 SOUTH BISCAYNE	· ······	
	DD V D. 31E. 3200	
MIAMI, FL 33131		
ARTICLE III PURPO		
ANY AND ALL LAW		
ARTICLE IV SHAR. The mumber of shares of	ES SHARES: 100	
	L OFFICERS AND/OR DIRECTORS RAMON E. JUNCOSA (P/CEO)	AT LONG
Name and Title Address	ONE BISCAYNE TOWER	Name and Title:Address:
	2 SOUTH BISCAYNE BLVD STE 3200	•
	MIAMI, FL 33131	
Name and Title:	MARIA MAZARELLO JUNCOSA (VP)	Name and Title:
Add re ss	ONE BISCAYNE TOWER	
Address	2 SOUTH BISCAYNE BLVD STE 3200	Address:
	MIAMI, FL 33131	
Name and Title:		Name and Title:
Address	· · · · · · · · · · · · · · · · · · ·	Address:

FILED 16 MAR 21 PM 12: 51

			SECRETARY OF STATE TALLAHASSEE FLORIDA
Name a	nd Title:	_ Name and Title:	TELAHASSEE FLORIDA
Addres	35	_ Address:	
	•	-	
		-	
		-	
ARTICLE VI	REGISTERED AGENT	.ca	
The name and I	Florida street address (P.O. Box NOT acceptable) o	or the registered age	ent is:
Name:	RAMON E. JUNCOSA	_	
Address:	2 SOUTH BISCAYNE BLVD STE 3200	•	
	MIAMI, FL 33131	_	
	INCORPORATOR address of the Incorporator is:		
Name:	RAMON E. JUNCOSA	_	
Address:	2 SOUTH BISCAYNE BLVD STE 3200		
	MIAMI, FL 33131	_	
Effective date, i	EFFECTIVE DATE: If other than the date of filing:	(OI	PTIONAL)
(If an effective days after the f	date is listed, the date must be specific and cann filing.)	ot be more than n	ve dusiness days prior or 30 business
	te inserted in this block does not meet the applicable effective date on the Department of State's records.		quirements, this date will not be listed as
Having been no this certificate	amed as registered agent to accept service of proces Lam familiar with and accept the appointment as re	s for the above sta gistered agent and	sted corporation at the place designated in agree to act in this capacity
			03/18/2016
	Required Signature/Registered Agent	. ,,,,	Date
I submit this do	ocument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware ny as provided for	that the false information submitted in a in s.817.155, F.S.
			03/18/2016
Req	uired Signature/Incorporator		Date