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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : CORP USA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION
CUPRA GROUP CORP.

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

110038

TLH 5-3-16

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(3)

H16000108551

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: CUPRA GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
1390 BRICKELL AVENUE	1390 BRICKELL AVENUE
SUITE 275	SUITE 275
MIAMI, FLORIDA 33131	MIAMI, FLORIDA 33131

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nelva Emilse Vazquez, President
Address: 1390 BRICKELL AVENUE, SUITE 275, MIAMI, FLORIDA 33131

Name and Title:
Address:

Name and Title: Daniel David Nusynker, Vice-President
Address: 1390 BRICKELL AVENUE, SUITE 275, MIAMI, FLORIDA 33131

Name and Title:
Address:

Name and Title:
Address:

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: SEBASTIAN GOLOD

Address: 1390 BRICKELL AVENUE SUITE 275

MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: NELVA EMILSE VAZQUEZ

Address: C/O 1390 BRICKELL AVE. SUITE 275

MIAMI, FLORIDA 33131

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 — Date: 04/28/2016

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.

Required Signature/Incorporator — Date: 04/28/2016

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA