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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

From: Account Name : TRAMILEX LLC
Account Number : I20150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

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
WICA GLOBAL MEDIA INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17 MAY 22 PM 11:52
DIVISION OF CORPORATIONS

17 MAY 22 AM 11:35
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MAY 23 2017

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COVER LETTER

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

SUBJECT: WICA GLOBAL MEDIA INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status
ADDITIONAL COPY REQUIRED

FROM: CATALINA ARISTIZABAL
Name (Printed or typed)
2275 BISCAYNE BLVD APT 605
Address
MIAMI, FL 33137
City, State & Zip
(305)504-0426
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.

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

ARTICLE I NAME WICA GLOBAL MEDIA INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2275 BISCAYNE BLVD APT 605
MIAMI, FL 33137
Mailing address, if different is: SAME ADDRESS

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM GARCIA. P Name and Title: _____
Address: 2275 BISCAYNE BLVD APT 605 Address: _____
MIAMI, FL 33137

Name and Title: CATALINA ARISTIZABAL. VP Name and Title: _____
Address: 2275 BISCAYNE BLVD APT 605 Address: _____
MIAMI, FL 33137

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: CATALINA ARISTIZABAL
Address: 2275 BISCAYNE BLVD APT 605
MIAMI, FL 33137

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERIK GONZALEZ
Address: 8660 W FLAGLER ST STE 207
MIAMI, FL 33144

ARTICLE VIII EFFECTIVE DATE: 05/22/2017

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

05/22/2017

Date

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

05/22/2017

Date

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