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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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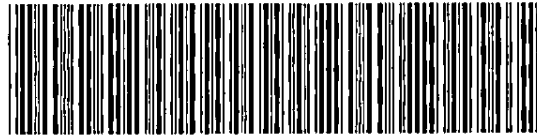
(Business Entity Name)

(Document Number)

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OCT 19 2018

COVER LETTER

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

SUBJECT: Zeugma Protocol 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: Syanthiyana Angelena Sadagopal
Name (Printed or typed)

2951 capital park Drive, Ste 5
Address

Tallahassee, FL - 32301
City, State & Zip

850 - 459 - 0785
Daytime Telephone number

Syanthiyana@wingsquares.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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: ZEUGMA PROTOCOL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2957 Capital park Dr. Ste 5
Tallahassee FL 32301

4734 Planters Ridge Dr
Tallahassee FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: We offer Initial coin offering,
Wallet Management, Crypto currency development and smart
contracts. To create the listed sectors and Industries below
and to provide services and products by using blockchain
Technology development. 1. commercial Banking 2. Solar
Energy power generation 3. portfolio Management 4. Exchange
5. Angel Investing 6. Global payment Technology

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Syarthiyana Sadasopal Name and Title: CEO

Address: 2957 capital park drive Address: _____
Tallahassee Ste 5
FL 32301

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL

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: Syanthiyana A. Sadagopal

Address: 4734 planters Ridge Drive
Tallahassee FL 32311

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Syanthiyana A. Sadagopal

Address: 2957 capital park dr. Ste 5
Tallahassee FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/19/2018 (OPTIONAL)

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

Syanthiyana A. Sadagopal
Required Signature/Registered Agent

10/19/2018
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.

Syanthiyana A. Sadagopal
Required Signature/Incorporator

10/19/2018
Date