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.

(((H18000352288 3)))



H160003522883ABC4

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 : (800)221-2972 Phone : (888)692-9256 Fax Number

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

	Email	Address:_	
٠.			

## FLORIDA PROFIT/NON PROFIT CORPORATION

3G Radar US, Inc.

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

•

Help

•

+17188897420 p.2 12/12/2018 10:59 #303 P.002/003

.

	In compliance with Chapter 607 :	maior chapter of the (1 total)			
TICLE I NAME name of the corporati	ion shall be: 3G Radar US, Inc.				
TICLE II PRINC	<i>IPAL OFFICE</i> Principal <u>street</u> address	Mailing address, if different is:			
South Pointe Drive,	Apt 1606	100 South Pointe Drive, Apt 1606			
ımi Beach, FL 33139		Miami Beach, FL 33139			
purpose for which th	SE Financial e corporation is organized is:	Consulting		-	
				<del></del>	
<u></u>				_	
				_	
TICLE IV SHARF	ES 200				
TICLE V INITIA	LOFFICERS AND/OR DIRECTORS				
number of shares of shares of shares of shares of share and Title	L OFFICERS AND/OR DIRECTORS	Name and Title:			
number of shares of s	L OFFICERS AND/OR DIRECTORS  Daniel Schwartz - Director	Name and Title:			
number of shares of s TICLE V INITIA Name and Title Address	Daniel Schwartz - Director  100 South Pointe Drive, Apt 1606  Miami Beach, FL 33139	Name and Title: Address:		-	
number of shares of states of states of states and Title  Address  Name and Title:	Daniel Schwartz - Director  100 South Pointe Drive, Apt 1606  Miami Beach, FL 33139	Name and Title: Address: Name and Title:		-	
number of shares of s TICLE V INITIA Name and Title Address	Daniel Schwartz - Director  100 South Pointe Drive, Apt 1606  Miami Beach, FL 33139	Name and Title: Address: Name and Title: Address:			
number of shares of shares of shares of shares of shares and Title  Address  Name and Title:  Address	Daniel Schwartz - Director  100 South Pointe Drive, Apt 1606  Miami Beach, FL 33139	Name and Title:  Address:  Name and Title:  Address:	18 DEC 12		
number of shares of shares of shares of shares of shares and Title  Address  Name and Title:  Address	Daniel Schwartz - Director  100 South Pointe Drive, Apt 1606  Miami Beach, FL 33139	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	18 DEC 12	_	

Name and	Title:	Name and Title:				
Address		Address:			_	
		-				
		,			_	
ARTICLE VI R	<u>EGISTERED AGENT</u> rida street address (P.O. Hox NOT acceptable) c	of the registered agent is:				
	Blumberexectsior Corporate Services, Inc.					
Name:	155 Office Plaza Drive, 1st Fl.	-				
Address:	TALLAHASSEE, FL 32301	_				
	TALLAHASSEE, FL 32301	_				
ARTICLE VII L	N'CORDORATOR					
<del></del>						
The name and ado	<u>Iress</u> of the Incorporator is:  Ana Maisonave					
Name:		_				
Address:	16 Court St	_				
	Brooklyn, NY 11241	<del>_</del>				
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)				
Effective date, if of (If an effective date)	ther than the date of filing:	ot 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, th	is date will not be	: listed	35	
the document's eff	fective date on the Department of State's records.					
Having been nam	ed as registered agent to accept service of proces	s for the above stated corporation	on at the place des	signate	ed in	
this certificate, I a	m familiar with and accept the appointment as re	gistered agent and agree to act it	n this capacity		9	
Asst Secretary	y, Jose Mojica		12/12/2018	<u>ಹ</u> _		
,	Required Signature/Registered Agent		Date	33	0K (C.A.)	
I submit this docu	ment and affirm that the facts stated herein are	true. I am aware that the false	· information sub e: \$	m <u>itte</u> d N	in u.	
•	epartment of State constitutes a third degree felo	пу из радмици јог на мог (1995).		<b>5</b> 220	(5) (1)	
ane	ed Signature/Incorporator	<del></del>	12/12/2018 Date	<u></u>	_ <u>.</u>	
Requir	ed Signature/Incorporator		Date	7	4	