

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
Tvema USA Corp.

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H190001596223

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: Tvoma USA Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1800 S. Ocean Drive, Unit 701Hallandale, Florida 33009**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful business**ARTICLE IV SHARES**The number of shares of stock is: 100RECEIVED
DIVISION OF CORPORATIONS
19 MAY 15 PM 1:45**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Samuels, President, DirectorName and Title: Yelena Shapiro, V. President, DirectorAddress: 1800 S. Ocean Drive, Unit 701Address: 1800 S. Ocean Drive, Unit 701Hallandale, Florida 33009Hallandale, Florida 33009

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: Leonard K. Samuels
Address: 350 E. Las Olas Blvd., Suite 1000
Hallandale, Florida 33009

19 MAY 15 PM 14 5
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: David Samuels
Address: 1800 S. Ocean Drive, Unit 701
Hallandale, Florida 33009

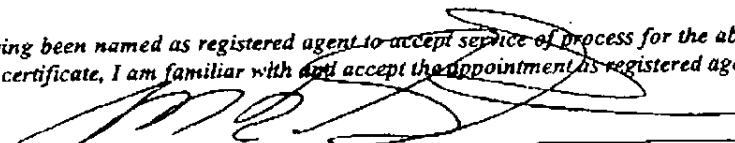
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

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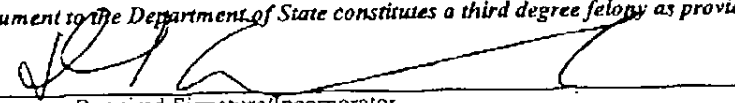
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

May 15, 2019

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

May 15, 2019

Date

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