To: 18506176381 From: 14694451465 Date: 05/16/19 Time: 10:35 AM Page: 01/03



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION LILA USA INC

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## ARTICLES OF INCORPORATION

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

RTICLE I NAME	LILA USA INC		
he name of the corporation	on shall be: LILA USA INC		
RTICLE II PRINCI			
F	Principal street address	Mailin	g address, if different is:
1982 NW 6TH COURT		SAME	
EMBROKE PINES			
	e corporation is organized is:		
TO ENGAGE IN AN	Y LAWFUL ACTIVITY PERMITTE	D BY THE LAWS OF THE	S STATE
	-		
		<del></del>	· · · · · · · · · · · · · · · · · · ·
,			
		<del></del>	
RTICLE V INITIAL Name and Title:	. OFFICERS AND/OR DIRECTORS MAHESH CHUCIANI-PRES	Name and Title:	-4
Address	12982 NW 6TH COURT		2019
Audress _	PEMBROKE PINES, FL 3		是 5
•			350 -40 602 - 60
-			<u> </u>
			=======================================
Name and Title:		Name and Title:	<u></u>
Address		Address:	- 20
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Name and Title:_		Name and Title:	
Address _		Address:	
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(((H19000160774 3)))

Name and	d Title:	Name and Title:
Address		Address:
RTICLE VI te name and Fl	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
ame:	MAHESH CHUGANI-PRES	
ddress:	12982 NW 6TH COURT	
•	PEMBROKE PINES, FL 33028	
	INCORPORATOR  Idvess of the Incorporator is:	
Name:	MAIIESH CHUGANI-PRES	
Address:	12982 NW 6TH COURT	
	PEMBROKE PINES, FL 33028	
fective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	. (OPTIONAL) the more than five days prior or 90 days after the
te: If the date document's el	inserted in this block does not meet the applicable of state's records.	statutory filing requirements, this date will not be listed as
s certificiate, 1 a	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated i istered agent and agree to act in this capacity
1 /w	if amal	05/10/19
	Required Signature/Registered Agent	Date
ubmit this document to the l	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in as provided for in s.817.155, F.S.
- 1/4	ufami	05/10/19
Regui	red Signature/Incorporator	Date