

\*\*\*PLEASE  
ABANDON\*\*Florida Department of State  
Division of Corporations  
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ABANDON

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (855) 498-5500  
Fax Number : (800) 432-3622

**\*\*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  
SOUTH CAPITAL VENTURES I CORP.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: South Capital Ventures I Corp.

**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
C/O TSG Group Miami LLC

Mailing address, if different is:

4100 N. Miami Avenue Second Floor

Miami, FL 33127

**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: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Eduardo J. Escayol, Director

Name and Title:

Address: C/O TSG Group Miami LLC

Address:

4100 N. Miami Avenue Second Floor

Miami, FL 33127

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TSG Group Miami LLC  
Address: 4100 N. Miami Avenue Second Floor  
Miami, FL 33127

**ARTICLE VII. INCORPORATOR**The name and address of the Incorporator is:

Name: Frank E. Whitaker III, Esq., LL.M.  
Address: 600 Brickell Ave. Suite 3800  
Miami, FL 33131


**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.)

**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 in 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.*

 Marholy Meza 09/26/2019  
Required Signature/Registered Agent 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.*

 09/26/2019  
Required Signature Incorporator Date