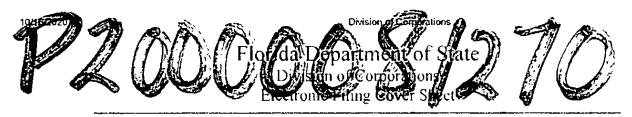
2020-10-17 00:39:20 (GMT) 13056023977 From; Alex Pina To: Page 2 of 4



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : ALEX PINA CO. Account Number : I20190000095

Phone : (305)803-8471 Fax Number : (305)602-3977

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

client@alexpina.co Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION

Genius Trading Corp

Certificate of Status	0
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Page Count	03
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Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corporati	on shall be: Genius 1	Trading Corp			
ARTICLE II PRINC			Mailing address, if different is:		is:
Doral, FL 33172					
ARTICLE III PURPOSE The purpose for which the corporation is organized is:		Any and All Lawfull Pur	pose	2020 OC	
			~_	<u></u>	 9
					79 74
					
					- 70
		, , ,			
The number of shares of stock is: 10,000 ARTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: Maria A Guardia - President Address 10321 NW 32nd Ter		Name and Title	ame and Title: Jose E Figuera - Vicepresident ddress: 10321 NW 32nd Ter		
	Doral, FL 33172		Doral, FL 33172		
Name and Title:		Name and Title	::		
Address		Address:			
					
Name and Title:		Name and Title	:: <u> </u>		
Address					



Name and	Title:	Name and Title:	· · · ·
Address		Address:	
	EGISTERED AGENT		
The name and Flo	e <mark>rida street address</mark> (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	Alex Pina Co.		
Address:	8400 NW 36th St Ste 450		
	Doral, FL 33166		
ARTICLE VII - I	NCORPORATOR		
	tress of the Incorporator is:		
Name:	Jose E Figuera		
Address:	10321 NW 32nd Ter		
	Doral, FL 33172		
ADTICLE VIII	ECCECTIVE DATE.		
	EFFECTIVE DATE: other than the date of filing:	OPTIONA	AL)
(If an effective da filing.)	ite is listed, the date must be specific	and cannot be more than five day	s prior or 90 days after the
	inserted in this block does not meet the fective date on the Department of State		ents, this date will not be listed as
certificate, I am fa	ed as registered agent to accept service of miliar with and accept the appointment		
	A History		10/15/2020
	Required Signature/Registered	Agent	Date
	unent and affirm that the facts stated Department of State constitutes a third d		
	Xarion		
Required Signatur	e/Incorporator		Date 10/15/2020