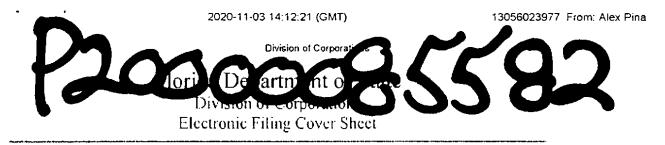
11/2/2020



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : ALEX PINA CO. Account Number : I20190000095 Phone : (305)803-8471 Fax Number : (305)602-3977

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client@alexpina.co Email Address:\_

## FLORIDA PROFIT/NON PROFIT CORPORATION Hub&Go Corporation

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1/1

المعزاي

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

| v.v  | in commance with chapter             | out and/or Chapter 021, P., | s, arioiii) 🙈,                         | and week                       |
|--|--------------------------------------|-----------------------------|--|--------------------------------|
| ARTICLE I NAME The name of the corpora       | tion shall be: Hub&                  | Go Corporation              | .•                                     | the second                     |
| ARTICLE II PRINC                             |                                      | <u>.</u>                    |  |                                |
| 8350 NW 52nd Ter Suite 3                     | Principal street address             | M                           | Mailing address, if different is:      |                                |
| Doral, FL 33166                              |                                      |                             |  |                                |
| ARTICLE III PURPO<br>The purpose for which t | OSE the corporation is organized is: | Any and All Lawful Purpose  |  |                                |
|  |                                      |                             |  | 20<br>1.i.                     |
|  |                                      |                             |  | <b>80</b> 1                    |
|  |                                      | •                           |  | -3<br>-3                       |
|  |                                      |                             |  | - R                            |
| ARTICLE IV SHAR The number of shares of      |                                      |                             |  | <b>↓: 27</b><br>∴AiL<br>Lokuba |
| ARTICLE V INITI                              | AL OFFICERS AND/OR DIRECTO           | <u>ORS</u>                  |  |                                |
| Name and Titl                                | e. David Herranz Acebuche - Presider | Name and Title:_            |  |                                |
| Address                                      | 8350 NW 52nd Tor Suite 301           | Address:                    |  |                                |
|  | Doral, FL 33166                      | <del></del>                 |  |                                |
| Name and Title                               | ; <u>.</u>                           | Name and Title:_            | ······································ |                                |
| Address                                      |                                      | Address:                    |  |                                |
|  |                                      |                             |  |                                |
|  |                                      |                             |  |                                |
| Name and Title                               | *                                    | Name and Title:_            |  | ·· <del>-</del>                |
| Address                                      |                                      | Address:                    |  |                                |
|  |                                      |                             |  |                                |
|  |                                      |                             |  |                                |

| Name and T                     | itle:  | Name and Title:   |                       |
|--------------------------------|--|---|-----------------------|
| Address                        |  | Address:  |                       |
|                                |  |   |                       |
|                                |  |   |                       |
|                                |  |   |                       |
| ARTICLE VI RE                  | GISTERED AGENT   |   |                       |
|                                | da street address (P.O. Box NOT accepta  | ole) of the registered agent is:  |                       |
| Name:                          | David Herranz Acebuche   |   |                       |
| Address:                       | 8350 NW 52nd Ter Sulte 301   |   | 20 NOV -3             |
| _                              | Doral, FL 33166  | <del></del>   | . AO                  |
|                                |  |   |                       |
| ARTICLE VII IN                 | CORPORATOR   |   |                       |
| The name and addr              | ess of the Incorporator is:  |   | ÷.                    |
| Name:                          | David Herranz Acebuche   | <u></u>   | 27                    |
| Address:                       | 8350 NW 52nd Ter Suite 301   | <del></del>   |                       |
|                                | Doral, FL 33166  |   |                       |
| ARTICLE VIII E.                | FFECTIVE DATE:   |   |                       |
| Effective date, if oth         | ner than the date of filing:   |   |                       |
| (If an effective date filing.) | e is listed, the date must be specific and   | cannot be more than five days prior or 90 c   | days after the        |
|                                | serted in this block does not meet the applective date on the Department of State's re-    | icable statutory filing requirements, this date of  | will not be listed as |
| the document series            | cuve date on the Department of State s to  | .oros.  |                       |
|                                |  | ncess for the above stated corporation at the pla<br>egistered agent and agree to act in this capacit |                       |
|                                | And At   | 1'  | 1/02/2020             |
|                                | Required Signature/Registered Ager   |   | Date                  |
|                                | tent and affirm that the facts stated here<br>partment of State constitutes a third degree | in are true. I am aware that the false inform<br>efelony as provided for in s.817.155, F.S.           | ation submitted in a  |
|                                | Avid A/  |   | 02:2020               |
| Required Signature/            | Incorporator   | Date  | <u> </u>              |