

11/10/2020

Division of Corporations

**P20000087133**

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : RCA ACCOUNTING SERVICES CORP  
Account Number : I20180000102  
Phone : (305)406-3800  
Fax Number : (305)406-3999

**\*\*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**  
**WORLD DIGITAL GROUP, CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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2020 NOV 10 PM 4:40

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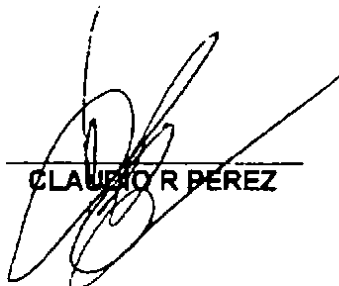
## AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **CLAUDIO R PEREZ** who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **WORLD DIGITAL GROUP CORP**, a Florida corporation to be filed with the Florida Department of State on or about **05/06/2016**.
2. The undersigned hereby consents to and authorizes the use by **WORLD DIGITAL GROUP CORP** of the name **WORLD DIGITAL GROUP CORP**.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

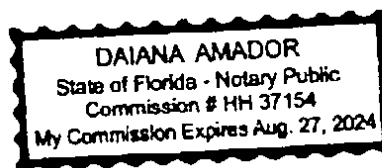
FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA     )  
                                  )  
COUNTY OF MIAMI-DADE )

  
\_\_\_\_\_  
CLAUDIO R PEREZ

PERSONALLY appeared before me, **CLAUDIO R PEREZ**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 09 day of November, 2020.



  
\_\_\_\_\_  
Notary Public Signature

# 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: World Digital Group, Corp.

## ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:  
301 134 Street Apt. 605  
Sunny Isles Beach, FL 33160

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation may engage in or  
transact any or all lawful activities or business permitted under  
the laws of the United States, the State of Florida, or any  
other state, country, territory or nation.

## ARTICLE IV SHARES

The number of shares of stock is: 100 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudio R. Perez/President Name and Title: \_\_\_\_\_

Address 301 134th Street Apt 605 Address: \_\_\_\_\_  
Sunny Isles Beach, FL 33160

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: Claudio R Perez  
 Address: 301 174th Street Apt. 605  
Sunny Isles Beach, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudio R Perez  
 Address: 301 174th Street Apt 605  
Sunny Isles Beach, FL 33160

**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 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  
 \_\_\_\_\_  
 Date 11/10/2020

*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  
 \_\_\_\_\_  
 Date 11/10/2020