

P20000092429

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
PROPEINCOL USA CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

2020 OCT -3 PM 4:05

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PROPEINCOL USA CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address8060 S.W 159 PLACEMIAMI FLORIDA 33193

Mailing address, if different is:

SAME**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JORGE A. ARIAS GOMEZ-(P)Name and Title: JAIME GARCIA-(D)Address 8060 SW 159 PLACEAddress: 8060 SW 159 PLACEMIAMI FLORIDA 33193MIAMI FLORIDA 33193

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: JAIME GARCIA
Address: 8060 S.W 159 PLACE
MIAMI FLORIDA 33193

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAIME GARCIA
Address: 8060 SW 159 PLACE
MIAMI FLORIDA 33193

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: DECEMBER-01-2020 (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

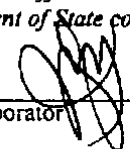


Required Signature/Registered Agent

12/01/2020

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.



Required Signature/Incorporator

12/01/2020

Date