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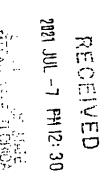
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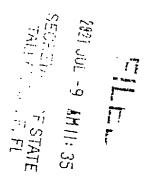
Office Use Only



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CORPORATE ACCESS, _____

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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	CERTIFIED COPY	· · · · · · · · · · · · · · · · · · ·		
	РНОТОСОРУ	 ,	-	
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<u>H</u>	ELVETICA CAPITA	AL MARKETS, INC		
(C	ORPORATE NAME AND DO	CUMENT #)		
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corr	ME HELVETICA CAPITA poration shall be:	L MARKETS, I	NC
ARTICLE II PR 201 S. Biscayne E Miami, FL 33131	INCIPAL OFFICE Principal street address Blvd. Suite 2818		Mailing address, if different is: Biscayne Blvd, Suite 2818 FL 33131
	RPOSE ch the corporation is organized is: s, and Accounting and Strategic P		All matters related to securities,
			SECTAL JU
			A CONTRACTOR OF THE PARTY OF TH
ARTICLE W SH. The number of shares	ARES s of stock is: 1,500		SCE STATE
	TIAL OFFICERS AND/OR DIRECTORS Fitte: German Rivero-Zerpa, DP	Name and Title	Juan Pablo Livinalli, DVP
Address	201 S. Biscayne Blvd. Suite 2818 Miami, FL 33131	Address:	201 S. Biscayпе Blvd. Suite 2818 Miami, FL 33131
Name and Ti Address	ide: <u>Luis Zapata, DST</u> 201 S. Biscayne Blvd. Suite 2818	Name and Title Address:	
	Miami, FL 33131		
Name and Ti	tle:	Name and Title	
Address		Address:	

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	o Calino manda a manda
Name:	Registered Agents Inc.	of the registered agent is:
Address:	7901 4th St N, Ste 300	_
	St. Petersburg, FL 33702	_
		_
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ad	dress of the Incorporator is:	
Name:	Amanda J. Beren	_
Address:	31416 Agoura Rd., Ste. 118	_
	Westlake Village, CA 91361	
		_
ARTICLE VIII	EFFECTIVE DATE:	(0.000.7.1)
(ii an enecuve da	other than the date of filing:ate is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
filing.)		
Note: If the date if the document's of	inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requirements, this date will not be la
Having been name certificate, I am fa	ed as registered agent to accept service of process j miliar with and accept the appointment as registe	for the above stated corporation at the place designate
Bee H	- and appearance as register	
<u> </u>	Required Signature/Registered Agent	07/06/2021
l submit this down		Date
document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon	true. I am aware that the false information submit y as provided for in s.817.155, F.S.
193		07/06/2021
Required Signature	2/ neurnaeatae	Date

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