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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.
Account Number : 104076000124
Phone : (305)476-7100
Fax Number : (305)476-7102

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

Email Address: abazo@rascoklock.com

FLORIDA PROFIT/NON PROFIT CORPORATION**MT Ventures Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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ARTICLES OF INCORPORATION

In compliance with Chapter 607, F.S. (Florida Business Corporation Act)


ARTICLE I- NAME: The name of the Florida Corporation is: **MT VENTURES INC.**

ARTICLE II- ADDRESS: The principal and mailing address of the corporation is: **MT VENTURES INC.** 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134.

ARTICLE III- PURPOSE: The Corporation shall be investments in general and any lawful purposes and shareholders and directors may consider from time to time.

ARTICLE IV- REGISTERED AGENT: The name and address of the registered agent of the corporation is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

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.



Registered Agent

11/04/21
Date

ARTICLE V- DIRECTORS: The name and address of person(s) authorized to manage the corporation:

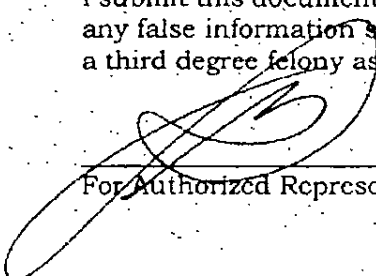
Director- ETEROVIC BARREDA, Felipe

The Director shall have the address- 2555 Ponce de Leon Blvd., Suite 600 Coral Gables FL 33134

ARTICLE VI- The Company shall be authorized to issue 2,000 common stock.

ARTICLE VII- AUTHORIZED REPRESENTATIVE AND INCORPORATOR: The name and address of the authorized representative and incorporator for incorporation is: **TRANSWORLD BUSINESS MANAGEMENT, LLC** 2555 Ponce de Leon Blvd Suite 600 Coral Gables FL 33134.

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.



For Authorized Representative/Incorporator

11/04/21
Date

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