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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| JBJECT: CIMOLAI TECHNOLOGY USA, INC. (PROPOSED CORPOR | RATE NAME - MUST INCLUDE | SUFFIX) |
|---|------------------------------------|---|
| closed are an original and one (1) copy of the | articles of incorporation ar | nd a check for: |
| X \$70.00 S78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
| | ADDITIONAL COPY REQUIRED | |
| | ADDITIONAL GOL | |
| FROM: EDUARDO GONZALEZ Name | (Printed or typed) | |
| FROM: EDUARDO GONZALEZ Name 8323 NW 12th. STREET, SUITE 102 | (Printed or typed) | |
| Name | <u> </u> | 2021 DE CEURO TALI |
| Name 8323 NW 12th. STREET, SUITE 102 DORAL, FL 33126 | (Printed or typed) | 2021 DEC 10 SEURIALIA |
| Name 8323 NW 12th. STREET, SUITE 102 DORAL, FL 33126 | e (Printed or typed) Address | 2021 DEC 1 |
| Name 8323 NW 12th. STREET, SUITE 102 DORAL, FL 33126 Ci 305-477-6969 | e (Printed or typed) Address | 2021 DEC 10 ECCKS AND TALLS |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

| ARTICLE I NAME The name of the corporate | ration shall be: CIMOLAI TECHNOLOGY | USA, INC. | | | |
|--|--|---|---|--|--|
| ARTICLE II PRINCI | PAL OFFICE treet address | | Mailing address, if different is: | | |
| SUITE 102 | | | | | |
| DORAL, FL 33126 | | | | | |
| ARTICLE III PURPO The purpose for which | | NDUCT ANY LEGAL BUSIN | ESS | | |
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| <u> </u> | | | | | |
| ARTICLE IV SHARE The number of shares of | | | | | |
| | OFFICERS AND/OR DIRECTORS | Alone of Webs | | | |
| | ROBERTO CIMOLAI, PRESIDENT | , , , , , , , , , , , , , , , , , , | , | | |
| Address [.] | 8323 NW 12th. STREET | Address: | | | |
| | SUITE 102 | | | | |
| | DORAL, FL 33126 | · | 20 ZO | | |
| Name and Title: | | Name and Title. | | | |
| Address: | | Address: | - 0 P | | |
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| Name and | Title: | Name and Title: | |
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| Address | | Address: | |
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| | <u>:GISTERED AGENT</u> <u>rida street address</u> (P.O. Box NOT acceptable) of ti | ne registered agent is: | |
| Name: | FLORIDA CORPORATE REGISTERED AGENT, LL | | |
| Address: | 8323 NW 12th. STREET, SUITE 102 | | |
| | DORAL, FL 33126 | | 2021 C |
| ARTICLE VII IN | CORPORATOR | | |
| The <u>name and add</u> | iress of the Incorporator is: | | 0 P |
| Name: | ROBERTO CIMOLAI | | PH S |
| Address: | 8323 NW 12th. STREET, SUITE 102 | | 1 le 35 |
| | DORAL, FL 33126 | | |
| (If an effective dat filing.) | preserted in this block does not meet the applicable sta | e more than five days prior or 9 | |
| | nent's effective date on the Department of State's reco | | |
| Having been named in this certificate, I | d as registered agent to accept service of process for am familiar with and accept the appointment as regis | the above stated corporation at the tered agent and agree to act in this | ne place designated s capacity |
| | | | 12/3/2021 |
| 51 | Required Signature/Registered Agent | | Date |
| I submit this docum | nent and affirm that the facts stated herein are true. I epartment of State constitutes a third degree felony a | am aware that the false informations sprovided for in s.817.155, F.S. | n submitted in a |
| | 1 Del | | |
| | DODO - (LAYO! | | 12/3/2021 |
| | Required-Signature/Incorporator | | Date |