

2/17/22, 10:27 AM

Division of Corporations

P22000012180

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
SMARTFLY USA CORP

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

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Help

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

ARTICLE I NAMEThe name of the corporation shall be: SMARTFLY USA CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

515 EAST LAS OLAS BLVD STE 120FORT LAUDERDALE, FL 33301**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SMARTFLY USA CORP (P)

Name and Title: _____

Address 16192 COASTAL HWY

Address: _____

LEWES, DE 19958

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: MOONEERAM + SERRES + VIVANCO PA
Address: 200 S. ANDREWS AVE UNIT 502
FT LAUDERDALE, FL 33301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JORGE ANUAR JARDUA PEREZ
Address: 515 EAST LAS OLAS BLVD SUITE 120
FORT LAUDERDALE, FL 33301

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 on 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

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 of Incorporator

Date

02-11-2022

2022 FEB 17 AM 11:00
SECRETARY OF STATE
ALLIANCE FLORIDA

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