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1)	Requestor's Name)	
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PICK-UP	WAIT	MAIL
	Business Entity Name)	
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Certified Copies	Certificates of	Status
Descriptions to the second	Filing Officers	
Special Instructions to	raing Onicer.	

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE: 532093 8020289
AUTHORIZATION: Spelle lendo
COST LIMIT : \$ 70.00
ORDER DATE: March 7, 2022
ORDER TIME : 9:52 AM
ORDER NO. : 532093-005
CUSTOMER NO: 8020289
DOMESTIC FILING
NAME: KRUSTAGROUP USA INC
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.
EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT: KRUST	BJECT: KRUSTAGROUP USA INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:		
□ \$70.00	□ \$78.75	□ \$78.75	\$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee.		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL COPY REQUIRED			

OM:	Name (Printed or typed) 175 SW 7th Street, Suite 1712		
JIVI.			
	Address		
	Miami, FL 33130		
	City, State & Zip		
	786-598-8007		
•	Daytime Telephone number		
1	camila.rivero@rclawllp.net		
-	E-mail address: (to be used for future annual report notification)		

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 1 NAME The name of the corporat	ion shall be: KRUSTAGROUP USA INC		
ARTICLE II PRINC	IPAL OFFICE Principal street address		Mailing address, if different is:
ARTICLE III PURPO The purpose for which the	DSE any lawful process and lawfu	purpose	
			(2) (2)
<u> </u>			
			MID: 16
	L OFFICERS AND/OR DIRECTORS Elias Suarez, President and Director	Name and Title	Xavier Ruiz, Secretary
Name and Title Address	calle Eduardo del Palacio nº1 (28002)	Address:	175 SW 7th Street, Suite 1712
	Madrid	-	Miami, FL 33130
Name and Title:		Name and Title	
Address			
	 .		
Name and Title:		Name and Title	
Address		Address:	•

Name ar	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGE <u>NT</u>		
	lorida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	Corporation Service Company		500
Address:	1201 Hays Street		
	Tallahassee, FL 32301		
ARTICLE VII	<u>INCORPORATOR</u>		B AMIO: 16
The name and a	ddress of the Incorporator is:		PA TO
Name:	Camila Rivero-Fernandez		
Address:	175 SW 7th Street, Suite 1712		
	Miami, FL 33130		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: Late is listed, the date must be specific and c	(OPTIONA annot be more than five days	sL) s prior or 90 days after the
	e inserted in this block does not meet the applic effective date on the Department of State's reco		ents, this date will not be listed as
	ned as registered agent to accept service of proc familiar with and accept the appointment as reg		
	Eulina Bahor		02/02/02
	Eylina Bakiti Required Signature/Registered Agent		03/08/2022 Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the	
	cons		3/7/2022
Required Signatu	ure/Incorporator		Date

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