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(Req	uestor's Name)	
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE NAME	XP INTERNATIONAL (CUMENT #)
2. (CORPORATE NAME	(DOC	CUMENT #)
3. (CORPORATE NAME) (DOC	CUMENT #)
☐ Walk-In X F	Pick up time: Certified Copy	Certificate Of Status
☐ Walk-In X F	Certified Copy Amendments	Certificate Of Status Other Filings
New Filings	Amendments	Other Filings
New Filings Profit	Amendments Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name

Examiners Initials

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

The name of the corpora	tion shall be: US GROUP INTERN	ATIONAL COR	-
ARTICLE II PRING 649 US HWY 1 S NORTH PALM BE	Principal <u>street</u> address TE 8	649 US NORT	Mailing address, if different is: S HWY 1 STE 8 H PALM BEACH, FL 33408
ARTICLE III PURPO	OSE the corporation is organized is:ANY	AND ALL LAW	FUL BUSINESS
			7022 / SEC. TA
			APR II
			SSEE 33 5
			29
ARTICLE V INITIA	ES stock is: SHARES: 100 @ \$1.00 AL OFFICERS AND/OR DIRECTORS e:RACIEL SERRA LUGO - P		
Address	649 US HWY 1 STE 8	Address:	
	NORTH PALM BEACH, FL 33	_	
Name and Title	:	Name and Title:	
Address		Address: _	
		. -	
Name and Title	:	Name and Title:	
Address		Address:	
		<u> </u>	

Name a	ind Title:	Name and Title:	
Addres	SS	Address:	
		· · · · · · · · · · · · · · · · · · ·	
	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	RACIEL SERRA LUGO		
Address:	649 US HWY 1 STE 8	. S. S.	
	NORTH PALM BEACH, FL 33408	TACE TACE	
ARTICLE VII	<u>INCORPORATOR</u>	SECRE APR 14	
The name and a	address of the Incorporator is:	HASSEE FL	
Name:	RACIEL SERRA LUGO		5
Address:	649 US HWY 1 STE 8		٥
	NORTH PALM BEACH, FL 33408	<u>.</u>	
Effective date, i	f other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and canno	t be more than five days prior or 90 days afte	r t
	te inserted in this block does not meet the applicable		Эe
the document's	effective date on the Department of State's records.		
	med as registered agent to accept service of process fo		na:
certificate, i am	familiar with and accept the appointment as registered	ea agent ana agree to act in this capacity	
	Required Signature/Registered Agent	Date	
I cubmit thic de	ocument and affirm-that the facts stated herein are	true. I am aware that the false information su	me
1 340mm mm 40		y as provided for in s.817.155, F.S.	