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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 : SETH Z JOSEPH, P.A.
Account Number : I20220000035
Phone : (305)445-5383
Fax Number : (305)445-5384

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

Email Address: SJOSEPH@JOSEPHLAWFIRM.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
San Gines USA, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$70.00

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TALLAHASSEE, FLORIDA

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

ARTICLE I NAME
The name of the corporation shall be: San Gines USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
255 Alhambra Circle, Suite 600	255 Alhambra Circle, Suite 600
Coral Gables, FL 33134	Coral Gables, FL 33134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any lawful purpose

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALEJANDRO TRAPOTE, Pres/Dir
Address: 2050 South Lamar Boulevard, Austin, TX 78704

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Seth Z. Joseph

Address: 255 Alhambra Circle, Suite 600

Coral Gables, FL 33134

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alejandro Trapote

Address: 2050 South Lamar Boulevard

Austin, TX 78704

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 as 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.

Seth Z. Joseph
Required Signature/Registered Agent

5/6/2022
Date

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.

Alex Trapote
Required Signature/Incorporator

05-06-2022
Date