

5/26/22, 9:59 AM

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
MIGRICA METALS CORP**

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**T. SCOTT
MAY 27 2022**

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

ARTICLE I NAMEThe name of the corporation shall be: MIGRICA METALS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8899 NW 107TH CT # 219MIAMI, FL 33178**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: MIGUEL ALFONZO GERVIS (P/D)

Name and Title: _____

Address 8899 NW 107TH CT # 219

Address: _____

MIAMI, FL 33178

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: MIGUEL ALFONZO GERVISAddress: 8899 NW 107TH CT # 219MIAMI, FL 33178**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MIGUEL ALFONZO GERVISAddress: 8899 NW 107TH CT # 219MIAMI, FL 33178**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*/s/ Miguel Alfonso Gervis

Required Signature/Registered Agent

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./s/ Miguel Alfonso Gervis

Required Signature/Incorporator

Date _____