Division of Corporations Electronic Filing Cover Sheet

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to:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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

Email	Address:				
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FLORIDA PROFIT/NON PROFIT CORPORATION ESCAPE MOBILE USA CORP

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
	3150 54 2758
	3150 Su 2758 MiAm. Fr 33133
_	
<u>ARTICI</u>	LE IU SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	Benito Biernando Cusco - VP
	YORKI MERILIN AROSTA - PAR
	
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	r z)
ARTIC	CLEV INITIAL REGISTERED AGENT AND STREET ADDRESS:
The nam	ne and Florida street address (PO Box not acceptable) of the registered agent is:
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136	20. to Bernando Cusco
136	
	3150 5W 275T
·	
//	3150 Sin 2755 FA 33133
ARTIC	3 50 5 iv 275T Fine State of the Incorporator is:
ARTIC	3150 Sin 2755 FA 33133

Required Signatures:

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

Registered Agent

7/27/23

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.

Incorporator

7/27/23 Late

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