Division of Corporations

Florida Department of St

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000314363 3)))



H2300031 43633ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)517-6381

From:

Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SILVER USA CORPORATION

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION OF SILVER USA CORPORATION

THE UNDERSIGNED, has executed the following document as incorporator of the above, name corporation organized under the laws of the State of Florida, and all rights, duties and obligations in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SILVER USA CORPORATION

The principal place of business shall be: 4995 NW 72nd Avenue, Suite #205 Miami, Fl. 33166

ARTICLE II

This corporation shall commence existence upon the filing of these Article of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business
- (2) Said corporation shall further have powers:

 To have perpetual succession by it's corporate

Name: SILVER USA CORPORATION

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of (100) shares, distributed in 55% of the company BATALLAS FINANCIAL CONSULTING CIA LTDA and 45% to the directors AUGUSTO R BATALLAS-PEREZ and WASHINGTON G. BATALLAS-PEREZ in equal parts, having an individual par value of \$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

WOBPING, INC.

The principal office shall be:

4995 NW 72™ Avenue, Suite #205 Miami, FL. 33166

. - --- -

ARTICLE VI

The initial Board of Directors shall consist of a total of two (2) persons, and the name and address of the person who is to serve as an initial directors are:

(D) AUGUSTO R. BATALLAS-PEREZ 4995 NW 72^{mt} Ave. Suite #205 Miami, FL. 33166 (D) WASHINGTON G. BATALLAS-PEREZ 4995 NW 72^{mt} Ave. Suite #205 Miami, FL. 33166

The name and address of the incorporator executing these Articles of incorporation is:

AUGUSTO R BATALLAS-PEREZ 4995 N.W. 72'AVENUE SUITE #205 MIAMI FLORIDA 33156

IN WITNESS WHERE OF, the undersigned incorporator has(ve) executed these Articles of incorporations this day of 09/07/2023

Augusto R. Batallas-Perez

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of Corporation is:

SILVER USA CORPORATION

2.- The name and address of the registered agent and office is:

WOBPINC, INC. 4995 NW 72nd Avenue, Suite #205 Miami, FL. 33166

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREEE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE