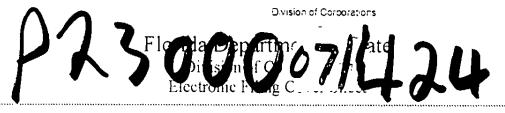
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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KCO SERVICES, LLC Account Number : I20200000018 Phone : (954)744-6605 Fax Number : (833)648-2730

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

Email Address: nrivadeneira@corpexsa.com

FLORIDA PROFIT/NON PROFIT CORPORATION CORPEXSA USA CORP

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Help

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

ARTICLE I N. The name of the co	4ME CORPEXSA U	ISA CORP	
	RINCIPAL OFFICE Principal street address H AVE STE 17	365	Mailing address, if different is: 5 NW 115TH AVE STE 17 RAL FL 33175
	URPOSE nich the corporation is organized is: LL LAWFUL BUSINESS		
ADTICLE IV. S	MARKS		
	es of stock is: 100	<u></u>	
Name and	Title: Nicolas & Rivageneira Torres-Preside 3655 NW 115TH AVE STE 17	Name and Title:	Maria F Romero Moreno-Vicebresicent
Addr e ss	DORAL, FL 33178	Address:	3655 NW 115TH AVE STE 17 DORAL FL 33178
Name and	Title:	Name and Title:	
Address		Address:	
Name and	Title:	Name and Title:	
Address		Address:	202# OC
			H

Name and	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	KCO SERVICES LLC	-
Address:	7717 Paddock PL	_
	Davie, FI 33328	-
APTICI F VII	<i>INCORPORATOR</i>	
	Idress of the Incorporator is:	
Name:	Nicolas B Rivadeneira Torres	
Address:	3655 NW 115TH AVE STE 17	-
Aduless.	DORAL, FL 33178	-
	<u> </u>	-
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective d	ate is listed, the date must be specific and cann	ot be more than five days prior or 90 days after the
filing.)	increment in this bloody does not make the combinability	e statutory filing requirements, this date will not be listed as
	ffective date on the Department of State's records.	
Having been nam	sed as registered agent to accept service of process j	for the above stated corporation at the place designated in this
certificate, I am f	amiliar with and accept the appointment as registe	red agent and agree to act in this capacity
	Required Signature/Registered Agent	10/04/2023
I subsuit this doc		Date true. I am aware that the false information submitted in a
	Department of State constitutes a third degree felor	
	NA	10/04/2023
Required Signatu	re/Incorporator	Date
		2023 OC 7
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