P14000 33166

(Requestor's Name)					
(Address)					
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(City/State/Zip/Pnone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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Cartificat Caping Contificator of Status					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

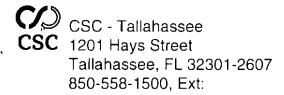


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2024 HAY 15 AH 9: 47
CLOLLANY OF STATE
TALLAHASSEE, FL







To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 05/15/24 Order #: 1513399-1 Re: TMH USA, Inc

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

12000000195

AUTH

Please take the following action: File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with thi filing, please call our office.

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

• • • • • • •

SUBJECT: TMH U	JSA, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>) .
inclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee. Certified Copy & Certificate of Status PPY REQUIRED
FROM: Flo	orencia Fernandez		
1 10 W.	Nam	e (Printed or typed)	
11(01Brickell Ave, Suite N1400		
	· · · · · · · · · · · · · · · · · · ·	Address	202
M	iami, FL 33131		2024 HAY 15 A
		. State & Zip	5 5
786	5-643-7491		$m_{ij} \equiv m_{ij}$
<u> </u>		Telephone number	9: 47 8: 747 8: 747 9: 47
flore	encia.fernandez@rclawllp.net		F 7
	-	d for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

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

	ration shall be: TMH USA, Ir		
RTICLE II PRI	NCIPAL OFFICE Principal street address		Mailing address, if different is:
01 Brickell Ave, Suite	N1400, Miami, FL 33131		
PTICLE III PUR e purpose for whic	POSE the corporation is organized is	Any lawful purpose perr	mitted under Florida law.
TICLE IV SHA number of shares	RES of stock is: 1,000		
	<u>RES</u> of stock is: 1,000 HAL OFFICERS AND/OR DIR	ECTORS	
TICLE V INFI	IAL OFFICERS AND/OR DIR		_{e:} Manuel Tello Soto, Director
TICLE V INTI	IAL OFFICERS AND/OR DIR	iza, Director _{Name} and Title	
TICLE V INT Name and T	<i>IAL OFFICERS AND/OR DIR</i> tle: Pedro Guillén Carran	iza, Director _{Name} and Title	Calle Sauceda 10, Presera pla
Name and T Address	<i>IAL OFFICERS AND/OR DIR</i> tle: Pedro Guillén Carran	nza, Director Name and Title mera planta Address:	Calle Sauceda 10, Presera pla 28050, Madrid Spain
Name and T Address	IAL OFFICERS AND/OR DIR. tle: Pedro Guillén Carran Calle Sauceda 10, Prir 28050, Madrid, Spain	nza, Director _{Name} and Title mera planta Address: Name and Title	Calle Sauceda 10, Presera pla 28050, Madrid Spain
Name and T Address Name and Tit	IAL OFFICERS AND/OR DIR. tle: Pedro Guillén Carran Calle Sauceda 10, Prir 28050, Madrid, Spain	nza, Director _{Name} and Title mera planta Address: Name and Title	Calle Sauceda 10, Presera pla 28050, Madrid Spain
Name and T Address Name and Tit Address	tle: Pedro Guillén Carran Calle Sauceda 10, Prir 28050, Madrid, Spain	nza, Director Name and Titlemera planta Address: Name and Title Address:	Calle Sauceda 10, Presera pla 28050, Madrid Spain 15
Name and T Address Name and Tit Address	tle: Pedro Guillén Carran Calle Sauceda 10, Prir 28050, Madrid, Spain	Name and Title Mame and Title Name and Title Address: Name and Title	Calle Sauceda 10, Presera pla 28050, Madrid Spain

Name and	Fitle:	Name and Title:	
Address		Address:	
		_	
ARTICLE VI RE	GISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Corporation Service Company	<u> </u>	
Address:	1201 Hays Street Tallahassee, FL 32301	_	
_		_	
ARTICLE VII IN	<u>'CORPORATOR</u>		
The name and addi	ress of the Incorporator is:		
Name:	Florencia Fernandez	_	
Address:	1101 Brickell Ave, Suite N1400, I	Miami, FL 33131	
		_	
ARTICLE VIII E	FFECTIVE DATE: ner than the date of filing:	(ODTIONAL	\
(If an effective date filing.)	e is listed, the date must be specific and cann	not be more than five days [-) prior or 90 days after the
	serted in this block does not meet the applicable ctive date on the Department of State's records		
Having been namea certificate, I am fun	as registered agent to accept service of process williar with and accept the appointment as registe	for the above stated corporatered agent and agree to act in	ion at the place designated in this
	An		15 F
	Required Signature/Registered Agent		S S S
I submit this docum document to the Dep	nent and affirm that the facts stated herein are partment of State constitutes a third degree felo	e true. I am aware that the j ny as provided for in s.817.13	false inf <u>orm</u> ation es ubmittea⊒n a
Florencia Ferna	ndez		05.15.24
Required Signature/	Incorporator	13	ate