# POS GRANGHAMLETTER 39/

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

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| 2024            | ~~~~    |                     |       |
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| SUBJECT:                | Wetfire, Inc.                   | ate name - must include suffi | · · · · · · · · · · · · · · · · · · · |                  |  |
|-------------------------|---------------------------------|-------------------------------|---------------------------------------|------------------|--|
|                         | (Froposed corpor                | ate name - most membe sum     | <br>                                  |                  |  |
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|                         |                                 |                               |                                       |                  |  |
|                         |                                 | •                             |                                       |                  |  |
| T                       |                                 |                               | aal- faa .                            |                  |  |
| Enclosed is an original | and one(1) copy of the articles | or incorporation and a cr     | leck for :                            | 7                |  |
| <b>□</b> \$70.00        | \$78.75                         | □\$122.50                     | <b>□</b> \$131.25                     |                  |  |
| Filing Fee              | Filing Fee                      | Filing Fee                    | Filing Fee,                           | 1                |  |
| 1 11115 1 00            | & Certificate                   | & Certified Copy              | Certified Copy                        |                  |  |
| T.                      |                                 | 13                            | & Certificate                         | 1                |  |
|                         |                                 |                               |                                       |                  |  |
|                         |                                 | ADDITIONAL COP                | Y REQUIRED                            | 1                |  |
|                         | •                               |                               |                                       | _                |  |
| FROM:                   | Mariano Gil Jimen               | ez ·                          |                                       |                  |  |
| <del>-</del>            | Name (Pr                        | inted or typed)               |                                       |                  |  |
|                         |                                 |                               | <u> </u>                              | f <b>9</b>       |  |
| _                       | PO Box 527352                   |                               |                                       | F1L<br>98 MAR 30 |  |
| Address                 |                                 |                               |                                       |                  |  |
|                         |                                 |                               | SE                                    |                  |  |
| _                       | Miami FL 33152-                 |                               |                                       | 30 AN III        |  |
|                         | City, S                         | State & Zip                   |                                       | WHI: 56          |  |
|                         |                                 |                               | 高                                     | <del>5</del> 6   |  |
| _                       | (305)264-9900                   |                               | <u></u>                               |                  |  |
|                         | Daytime Te                      | elephone number               |                                       |                  |  |

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

# ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

Wetfire, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7835 Grand Canal Dr. Miami F1 33144

# ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mariano Gil Jimenez 7835 Grand Canal Dr. Miami FL 33144

### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Mariano Gil Jimenez 7835 Grand Canal Dr. Miami FL 33144

Signature/Incomporator

3/27/98

Date

(An additional article must be added if an effective date is requested.)

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 agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of the provision as registered agent.

Signature/Registered Agent

Date