798000094697

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

SUBJECT:	WARP T	RADING, IN	Ć.	
	(Proposed cor	porate name - must include suf	fix)	-
		·	10000267 -11/02/98 *****78.	78221—-8 01118013 75 *****78.75
Enclosed is an original a	and one(1) copy of the arti	cles of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	U\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	DINA KARPEL Name (Printed or typed)			
_	5555 Collins Ave #4A Address			
**pool	Miani Beach At 33140 88 City, State & Zip			N 86
_	305-868-7376 Daytime Telephone number			FILED RETARY OF N OF CORP OV -9 PM
		· ····································		STALE SORATIONS

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: WARP TRADING, INC. <u>PRINCIPAL OFFICE</u> The principal place of business and mailing address of this corporation shall be: 555 NW 294 ST

<u>ARTICLE III</u> SHARES

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

MIAMI, FL 33127

100

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DINA KARPEL 5555 COllins Ave #44 MIAMI Beach, FL 33140

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

DIANE DAVIS GOFF 4520 Thicket TRAIL LITHONIA, GA 30058

DINA KARPEL 5555 COllins Ave \$44 MIAMI Beach, PL 33140

(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 my position as registered agent

Signature/Registered Agent