

F20000005135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

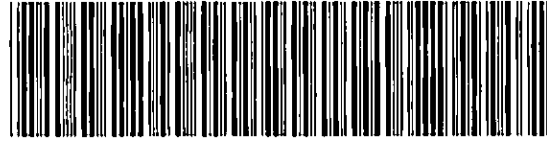
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
 TALLAHASSEE, FL 32301
 P: 866.625.0838
 F: 866.625.0839
 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/16/2020

Name: Chris Vick

Reference #: 1288993

Entity Name: YUPIX INC.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

Authorized Amount: \$70.00

Signature: 

• CORPORATE HQ
 COGENCY GLOBAL INC.
 10 E 40TH ST, 10TH FL
 NY, NY 10016
 D: +1.212.947.7200
 P: 800.221.0102
 F: 800.944.6607

• EUROPEAN HQ
 COGENCY GLOBAL (UK) LIMITED
 REGISTERED IN ENGLAND & WALES,
 REGISTRY #301272
 6 LLOYDS AVE, UNIT 4CL
 LONDON EC3N 3AX
 +44 (0)20.3961.3080

• ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED
 A HONG KONG LIMITED COMPANY
 UNIT B, 1/F, LIPPO LEIGHTON TOWER
 102 LEIGHTON RD, CAUSEWAY BAY
 HONG KONG
 P: +852.2682.9633
 F: +852.2682.9790

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. YUPIX INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

YUPIX USA INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
853713662

2. Delaware 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 30, 2020 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S. to determine penalty liability)

7. 2811 NW 5th Avenue, Miami, FL 33127
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: COGENCY GLOBAL INC.

Office Address: 115 North Calhoun Street, Suite 4

Tallahassee, Florida 32301
(City) (Zip code)

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TALLAHASSEE, FL
STATE OF FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

/S/ Jacqueline Almeida

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____ N/A _____

Address: _____

Director:
~~Vice Chairman:~~

_____ Patricio M. Navarro _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

Director: _____ Gonzalo H. Navarro _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

Director: _____ Alvaro G. Alesso _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

B. OFFICERS

President: _____ Patricio M. Navarro _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

Vice President: _____ Gonzalo H. Navarro _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

Secretary: _____ Alvaro G. Alesso _____

Address: _____ 2811 NW 5th Avenue, Miami, FL 33127 _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____
DocuSigned By: Patricio Navarro
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. _____ Patricio M. Navarro - President _____
(Typed or printed name and capacity of person signing application)

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YUPIX INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWELFTH DAY OF NOVEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YUPIX INC." WAS INCORPORATED ON THE THIRTIETH DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



4018051 8300

SR# 20208374547

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBULLOCK", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204067688

Date: 11-12-20