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FLORIDA PROFIT/NON PROFIT CORPORATION
BRAIN PBD US, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: BRAIN PBD US, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

Mailing address, if different is:
1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: SHARES: 100 @ $1.00

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN ALBERTO ALVAREZ MARTINEZ - P
Address: 1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

Name and Title:
Address:

Name and Title: JUAN ALBERTO ALVAREZ BARRIO - S
Address: 1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

Name and Title:
Address:

Name and Title: JUAN FELIPE ALVAREZ BARRIO - D
Address: 1600 PONCE DE LEON BLVD 10th FLOOR
CORAL GABLES, FL 33134

Name and Title:
Address:

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUAN ALBERTO ALVAREZ MARTINEZ

Address: 1600 PONCE DE LEON BLVD 10th FLOOR

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUAN ALBERTO ALVAREZ MARTINEZ

Address: 1600 PONCE DE LEON BLVD 10th FLOOR

CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

_____ **03-02-2023**

Required Signature/Registered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

_____ **03-02-2023**

Required Signature/Incorporator Date