

P24000028345

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6381

From:
 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: v.fedoroff@wincom.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Wincom Latin America Corp.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
 ALL AHASSEE, FLORIDA
 2024 APR 24 AM 11:10
FILED

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: Winncom Latin America Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3840 W. 104th St., Unit 6
Hialeah, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: X 100

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2024 APR 24 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Gregory Raskin, CEO and Director</u>	Name and Title: <u>Aaron Savy, Director</u>
Address: <u>3840 W 104th Street, Unit 6,</u> <u>Hialeah, FL 33018</u>	Address: <u>3840 W 104th Street, Unit 6,</u> <u>Hialeah, FL 33018</u>

Name and Title: <u>Igor Kurochkin, Director</u>	Name and Title: <u>Vladimir Fedoroff, CFO and Director</u>
Address: <u>3840 W 104th Street, Unit 6,</u> <u>Hialeah, FL 33018</u>	Address: <u>3840 W 104th Street, Unit 6,</u> <u>Hialeah, FL 33018</u>

Name and Title: _____	Name and Title: _____
Address: _____	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: C T Corporation System
 Address: 1200 South Pine Island Road Plantation,
Fl. 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Vladimir Fedoroff
 Address: 2890 Fountain Pkwy Unit B
Solon, OH 44139

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:

By: C T Corporation System
Stephanie Hencz _____ Date _____
 Required Signature/Registered Agent

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 §817.155, F.S.

X [Signature] _____ Date 04/22/2024
 Required Signature of Incorporator