

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

From:
Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
BYP GLOBAL AMERICA INC**

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

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2025 FEB 13 PM 12:25

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: BYP GLOBAL AMERICA INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
2330 Ponce de Leon Blvd
Coral Gables, FL 33134Mailing address, if different is:

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Design and production of advertising products

_____**ARTICLE IV SHARES**The number of shares of stock is: 10,000,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ignacio Christian Puig - President,
Treasurer, Director

Name and Title: _____

Address 2330 Ponce de Leon Blvd
Coral Gables, FL 33134Address: _____
_____Name and Title: José Jesús Benavides Córdoba - Secretary,
Vice President, Director

Name and Title: _____

Address 2330 Ponce de Leon Blvd
Coral Gables, FL 33134Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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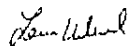
Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:Name: Worldwide Corporate Administrators LLCAddress: 2330 Ponce de Leon BlvdCoral Gables, FL 33134**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: Computershare Entity Solutions Inc.Address: 801 US Highway 1North Palm Beach, FL 33408**ARTICLE VIII EFFECTIVE DATE:**

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

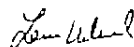
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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*Lauren Underwood, Attorney-in-Fact

Required Signature/Registered Agent

02/13/2025

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.Lauren Underwood, Special Secretary

Required Signature/Incorporator

02/13/2025

Date

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