

## Secretary of State Articles of Incorporation of a General Stock Corporation

**ARTS-GS** 



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## -FILED-

File No.: 6366638 Date Filed: 8/26/2024

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Certified Copy Fee (Optional) - \$5.00

Note: The annual minimum \$800 tax to the California Franchise Tax Board remains due and is not subject to the processing fee waiver. For more information, go to <a href="ftb.ca.gov">ftb.ca.gov</a>.

|                                                                                                                                                                               | _ <u></u> _                         | This Space For Office Use Only          |             |             |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------|-------------|-------------|---------------|
| 1. Corporate Name (Go to www.sos.ca.gov/business/be/name-re                                                                                                                   | servations for general corpo        | orate name requireme                    | nts and res | trictions.) |               |
| The name of the corporation is W-HnM USA INCORPO                                                                                                                              | RATED                               | <del></del>                             |             | <del></del> |               |
| 2. Business Addresses (Enter the complete business addresse                                                                                                                   | es.)                                |                                         |             |             | _ <del></del> |
| a. Initial Street Address of Corporation - Do not list a P.O. Box                                                                                                             | City (no abbreviations)             | )                                       | State       | Zip Cod     | ie            |
| 720 W 6TH ST, STE Z-116                                                                                                                                                       | CORONA                              |                                         | CA          | 92882       |               |
| b. Initial Mailing Address of Corporation, if different than Item 2a                                                                                                          | City (no abbreviations)             |                                         | State       | Zip Coo     | ie            |
| 720 W 6TH ST, STE Z-116                                                                                                                                                       | CORONA                              |                                         | CA          | 92882       | 2             |
| 3. Service of Process (Must provide either Individual OR Corpora                                                                                                              | ation.)                             | · • • · · · · · · · · · · · · · · · · · |             | ,1=-        |               |
| INDIVIDUAL - Complete Items 3a and 3b only. Must include agent'                                                                                                               | •                                   | treet address.                          |             |             |               |
| a. California Agent's First Name (if agent is not a corporation)                                                                                                              | Middle Name                         | e Last Name                             |             |             | Suffix        |
| MOHAMMAD                                                                                                                                                                      |                                     | ARIF                                    | T _         |             |               |
| b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box 10500 VALVERDE DR                                                                                 | City (no abbreviations) BAKERSFIELD |                                         | State       | 2ip Cox     |               |
| CORPORATION - Complete Item 3c. Only include the name of the                                                                                                                  |                                     |                                         | UA          | 1 3331      | <del>-</del>  |
| c. California Registered Corporate Agent's Name (if agent is a corporation) -                                                                                                 | Do not complete Item 3a or 38       | b                                       |             |             |               |
|                                                                                                                                                                               |                                     |                                         |             |             |               |
| 4. Shares (Enter the number of shares the corporation is authorized                                                                                                           | d to legge. <b>Do not leave</b> his | ank or enter zero (A)                   |             |             |               |
|                                                                                                                                                                               |                                     | 311K GI GIRGI 2010 (0).)                |             |             |               |
| This corporation is authorized to issue only one class of sh                                                                                                                  |                                     | 1000                                    |             |             |               |
| The total number of shares which this corporation is author                                                                                                                   | rized to issue is                   |                                         |             |             | ·             |
| 5. Purpose Statement (Do not alter the Purpose Statement.)                                                                                                                    |                                     |                                         |             |             |               |
| The purpose of the corporation is to engage in any lawfunder the General Corporation Law of California other the practice of a profession permitted to be incorporated by the | an the banking busine               | ess, the trust com                      |             |             |               |
| 6. Read and Sign Below (This form must be signed by each in                                                                                                                   | ncorporator.)                       |                                         |             |             |               |
| a-Hit                                                                                                                                                                         | MOHAMM                              | MOHAMMAD ARIF                           |             |             |               |
| Signature                                                                                                                                                                     | Type or Pri                         | Type or Print Name                      |             |             |               |