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CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):
1. CVBARCALL	JNC.
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3. (Corporation Name)	(Document #)
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(Čorporation Name)	(Document #)
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Profit	Amendment
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Other	Merger
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OTHER FUNGS	QUALIFICATION/
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark

Other

Examiner's Initials

# ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be: \_\_

Cybarcall Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA 03 OCT 13 PM 12: 42

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

14881 Sw 40th Tairaca Miami, FL 33185.

# ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 0

# ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Maria Cordoba Martinoz 14881 SW 40th Torraca Miami, Fl 33185

# ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Malia Cordoba Martinut
14881 SW 40th Turracu Miami F1, 33185
The undersigned incorporator has executed these Articles of Incorporation this 10 day of 1800000 2003

ARTICLE VI- DIRECTOR(S)

Sighature

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

Maria Cordoba Martinaz. \_ prosident. 14881 Sw 40th Tarraca. Miami, Fl 33185

#### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

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

Registered Agent Signature

SECRETARY OF STATE TALLAHASSEE. FLORIF