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2005 JAN 14 P 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Cruxent Associates Architects, P.A.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cruxent Associates Architects, P.A.

Name (Printed or typed)

3211 Ponce de Leon Blvd #304

Address

Coral Gables, FL 33134

City, State & Zip

(305) 569-9936

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

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ARTICLE I NAME

The name of the corporation shall be:

Cruxent Associates Architects, P.A.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3211 Ponce de Leon Blvd #304, Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Architectural plans and real estate development.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares, Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Salvador Cruxent, President - 3211 Ponce de Leon Blvd #304, Coral Gables, FL 33134

ARTICLE VI REGISTERED AGENT

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

Salvador Cruxent - 3211 Ponce de Leon Blvd #304, Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Salvador Cruxent - 3211 Ponce de Leon Blvd #304, Coral Gables, FL 33134

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

Signature/Registered Agent

Date

Signature/Incorporator

Date