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

From: Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

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TALLAHASSEE, FLORIDA

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
CID CATEURA S. DE R.L., INC.

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

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Corporate Filing Menu

8/4/2011

August 4, 2011
Miami, Florida

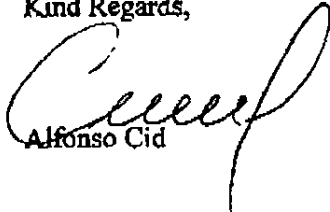
Dear Sir/Madam:

I, Alfonso Cid, President of CID CATEURA S. DE R.L., INC., with Document number M95714, hereby relinquish the company name to be used to incorporate a new company with the same name. The new company will be associated with the previous company by its owners.

Please send the incorporation documents to:

Barinas & Associates, Inc.
5701 NW 36 ST
Miami, FL 33166
Fax: 305-870-9623

Kind Regards,


Alfonso Cid

ARTICLES OF INCORPORATION

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

ARTICLE I NAME CID CATEURA S. DE R.L., INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

5245 NW 36TH ST SUITE 208
MIAMI, FL 33166

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSSINESS**ARTICLE IV SHARES**

The number of shares of stock is: 1000 SHARES AT NO PR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: PRESIDENTAddress: ALFONSO CID
5245 NW 36TH ST SUITE 208
MIAMI, FL 33166

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

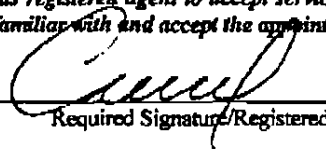
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALFONSO CID
Address: 5245 NW 36TH ST SUITE 208
MIAMI, FL 33166**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALFONSO CID
Address: 5245 NW 36TH ST SUITE 208
MIAMI, FL 33166

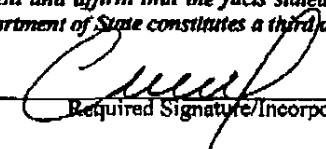
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08/03/11

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.


Required Signature/Incorporator

08/03/2011

Date

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