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Florida Department of State
Division of Corporations
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ATTORNEY GENERAL

**FLORIDA PROFIT/NON PROFIT CORPORATION
CHROMO CORP**

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Certificate of Status	0
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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 4

ARTICLE I NAME

The name of the corporation shall be: CHROMO CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19790 W DIXIE HWY

MIAMI, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GONZALO ROBERTO CEDENO ANDRADE (P) Name and Title: _____

Address 19790 W DIXIE HWY Address: _____

MIAMI, FL 33180

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: GONZALO ROBERTO CEDENO ANDRADE
 Address: 19790 W DIXIE HWY
MIAMI, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GONZALO ROBERTO CEDENO ANDRADE
 Address: 19790 W DIXIE HWY
MIAMI, FL 33180

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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

/s/ Gonzalo Roberto Cedeno Andrade _____
 Required Signature/Registered Agent 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.

/s/ Gonzalo Roberto Cedeno Andrade _____
 Required Signature/Incorporator Date