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MELINA CICCONE
852 NE 209 STREET, STE. 106
MIAMI FL, 33179
TELEPHONE # (305) 493-9512

January, 18 2000
Department of State
Division of corporations
409 East Gaines Street
Tallahassee, Florida 32399

FILED
00 FEB 24 AM 10:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RE: CICCONE ENTERPRISES, INC.

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-02/25/00--01001--010
*****70.00 *****70.00

Greetings:

Enclosed are one original and two (2) copies of the articles of incorporation and a check in the amount of \$70.00 as payment for filings fees of the articles of incorporation and the registered agent designation.

I would be most appreciative if you would please expedite filing this corporation.

Thank you for your time and consideration.

Sincerely,

Melina Ciccone
MELINA CICCONE/PRESIDENT.

3/2

Informed client by letter

I added titles Incorporator/RA.

S. Thompson MAR 02 2000

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
FOR
CICCONE ENTERPRISES, INC.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CICCONE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 852 NE 209 ST. SUITE 106, MIAMI, FL 33179.

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Seven thousand five hundred shares (7500).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: MELINA CICCONE, 852 NE 209 ST. SUITE 106, MIAMI, FL 33179.

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is : MELINA CICCONE, 852 NE 209 ST. SUITE 106, MIAMI, FL 33179.

The undersigned has executed these Articles of Incorporation on EITHTEENTH, Day of January 2000

MELINA CICCONE/PRESIDENT.

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501 Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:
CICCONE ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

MELINA CICCONE, 852 NE 209 STREET, STE. 106, MIAMI, FL 33179

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.



MELINA CICCONE, PRESIDENT
Incorporator/Registered Agent

Date 01/18/00