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

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-06/12/00--01114--023
*****87.50 *****87.50

SUBJECT:

City Multiplex, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Alejandro J. Aguirre

Name (Printed or typed)

2460 SW 137 AVE , Suite 253

Address

MIAMI FL 33175

City, State & Zip

(305) 215 8000

Daytime Telephone number

FILED
00 JUN 12 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

T. SMITH JUN 16 2000

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:
City Multiplex, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:
2460 SW 137 AVE, Suite 253
Miami, FL 33175

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful activities or business permitted under
the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
100 shares

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is:
Alejandro J. Aguirre
2460 SW 137 AVE, Suite 253
Miami, FL 33175

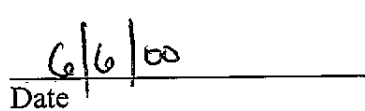
ARTICLE VI INCORPORATOR

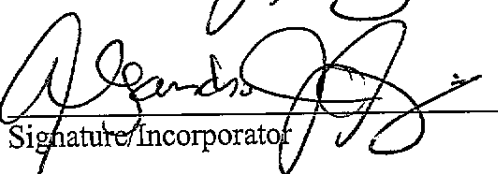
The name and address of the Incorporator is:
Alejandro J. Aguirre
2460 SW 137 AVE, Suite 253
Miami, FL 33175

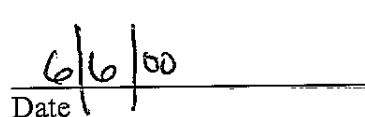
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Date


Signature/Incorporator


Date