TRANSMITTAL LETTER POSSON 113023

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

******78.75 *****78.75 C.P.U Consulting Services INC. SUBJECT: (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 xx \$78.75 \$122.50 **\$131.25** Filing Fee Filing Fee Filing Fee & Certificate & Certified Copy Certified Copy & Certificate **Additional Copy Required** FROM: Christian I. Sganga Name (printed or typed) 11395 S.W. 66st Miami, Fl. 33173 Address Miami F1. 33173 -City, State & Zip 305-8882702 Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAMI

The name of the corporation shall be:

C.P.U. Consulting Services INC.

00 DEC -4 AM II: 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

11395 s.w. 66st Miami Fl. 33173

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

20 shares of \$100.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Horacio Arregoces 8346 N.W. south River Drive Bay K Medley Fl. 33166

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Christian I Sganga 11395 SW 66st Miami F1 33173

The und	lersigned in	ncorporator(s) has(h	ave) executed these Articles of Incorporation this
1	_ day of _	December	, kg 2000
(An addi	tional artic	ele must be added if	an effective date is requested.)
	_		
	· · -		Signature
			Signature `
	_		S:
			Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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

	The name of the corporation is:	C.P.U Consulting Service	ces INC.
2,	The name and address of the registered	d agent and office is:	
	:		00 SEC
	HO	racio Arregoces (NAME)	FII DEC - PRETAR LAHASS
	8346 N,W S	South River Drive BAy K	
	(P.O. Box or 1	Mail Drop Box NOT ACCEPTABLE)	AM II: 3
	Medley F1.	33166	38

Having heen 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.

December 1, 2000
(SKENATURE)
(DATE)