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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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FLORIDA PROFIT CORPORATION OR P.A.

CELLTARGO ENTERPRISES INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION

OF

CELLTARGO EnteRPRISES INC.

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 NAME

The name of the corporation shall be:

CELLITARGO Enterprises, INC.

ARTICLE II PRINCIPAL OFFICE

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

210 - 174 St. apt. 1015 North Minni Beach- FL. 33160

ARTICLE III CAPITAL STOCK

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

TIVE HOUNDREAD BOLLAND, (+ 500.00).

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ZiliA QuintANA 210-174 st. aft. 1015 North Minni Beach-FL.33160

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SECRETARY OF STATE DIVISION OF CORPORATION

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ARTICLE V INCORPORATOR(S)

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

Zilia Quintana - PRESIdent & TRESVARER 210-174 Street aptions North Minni Beach, - Fl. 33160

The undersigned has (have) executed these Articles of Incorporation this

O 5 day of ARIC 200/

X A Sulfature/Title

Signature/Title

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CERTIFICATE OF DESIGNATION 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.

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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.

DATE Appil /05 /200/

REGISTERED AGENT FILING FEE: \$35.00

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