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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (85

: (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

03 JAN 14 PH 9: 04

FLORIDA PROFIT CORPORATION OR P.A.

cibao enterprises, inc.

Certificate of Status	Ö
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



AUTICLES OF INCORPORATION

(PRINT [capital letters in black ink] or type)

ARTICLE I - CORPORATE NAME:
The name of the Corporation shall be:

CIBAO ENTERPRISES, INC.	
ARTICLE II - CORPORATE POWERS: The Corporation is organi any and all business, for w in the State of Florida. (Profession, if a P.A.: {	thich a corporation may be organized by thich a corporation may be organized by the corporation shall be the corporation shall be the corporation of the corporation shall be the corporation of the corporation of the corporation shall be the corporation of the corporation shall be the corporation of the corporation o
ARTICLE III - CAPITAL STOCK: The authorized capital stoc 5,000 shares of common stoc share. The Corporation	th of the Corporation shall be change in the corporation shall be changed by the change of the corporation shall be considered by the corporation shall be considered by the corporation of the corporation shall be considered by the corporation shall be corporated by the corporated by the corporated by the corporated by the corporation shall be corporated by the corporation shall be corporated by the corporation shall be corporated by the corpor
incorporator, who sh registered agent, hereby m files these Articles of I	this is to certify that the undersigned hall also serve as initial director and takes, subscribes, acknowledges and incorporation, in order to form a of the State of Florida, and hereby
NAME	ADDRESS
(Signature)	(STREET address) (principle address)
Michael Bonner (Name)	Lighthouse Point FL 33064 (City, State, Zip)
STATE OF FLORIDA]	
COUNTY OF Broward }	
SWORN TO AND SUBSCRIBED before me, 2003.	Margaret M association of January, Margaret M association of the second

Prepared by Martin R. Rappaport CPA PA 4300 N University Dr. B-102 Lauderhill FL 33351 (954)572-6006



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CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

ACKNOWLEDGEMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

7: <u>hus</u>

Signature Registered Agent

TALLAHASSEE, FLORIDA

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