

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : MART'S ACCOUNTING COMPANY
Account Number : J20000000048
Phone : (305) 541-6910
Fax Number : (305) 541-6940

FLORIDA PROFIT CORPORATION OR P.A.

CIMCI, CORP.

Certificate of Status	0
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ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt the following Articles of incorporation.

ARTICLE I: NAME

The name of the corporation shall be: CIMCI, CORP.

ARTICLE II: PRINCIPAL OFFICE

The principal place of business of this corporation shall be: 7350 NW 7 ST. STE.#204
MIAMI, FL 33126

ARTICLE III: NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the States of Florida, or any other state, country, territory or nation.

ARTICLE IV: CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is 500 (FIVE HUNDRED) no par value.

ARTICLE V: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and street address of the initial registered agent are:
DANIEL J SCAGLIARINI
7350 NW 7ST. STE.#204
MIAMI, FL 33126

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ARTICLE VI: OFFICERS/DIRECTORS

The name and address of the Officers/Directors of this corporation are:

DANIEL J SCAGLIARINI/PRESIDENT/DIRECTOR
7350 NW 7ST. STE.#204
MIAMI, FL 33126


ARTICLE VII: INCORPORATOR(S)

The name and address of the incorporators of this corporation are:

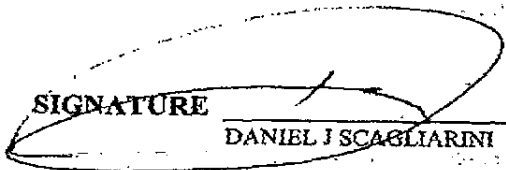
DANIEL J SCAGLIARINI/PRESIDENT/DIRECTOR
7350 NW 7ST. STE.#204
MIAMI, FL 33126

Articles of Incorporation this 21 Day of August, 2003

Signature (s) of Incorporator(s)


DANIEL J SCAGLIARINI/PRESIDENT/DIRECTOR

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT
SERVICES 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 THE DUTIES, AND I AM FAMILIAR WITH AND
ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT


SIGNATURE

DANIEL J SCAGLIARINI

DATE

08-21-03

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