

Florida Department of State

Division of Corporations Public Access System

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

Fromt

Account Name : FILINGS INC.
Account Number : 972720000101
Phone : (450) 985-6735
Fax Number : (954) 641-4172

FLORIDA PROFIT CORPORATION OR P.A.

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CHICOBK9, INC.

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ARTICLES OF INCORPORATION

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SECRETARY OF STATE TALLAHASSEE FLORIDA

QF

CHICOBK9, INC.

ARTICLEI

The name of the corporation is: CHICOBK9, INC.

ARTICLEJI

The corporation may engage in any activity or business permitted under the laws of the State of Florida or the United States.

ARTICLE III

The maximum number of shares of capital stock that the corporation is authorized to issue is 1,000 shares of common stock at \$.10 par value.

ARTICLE IV

The amount of capital with which the corporation will begin business is the sum of \$100.00.

ARTICLE V

The corporation will have perpetual existence unless sooner dissolved according to law.

ARTICLE VI

The street address of the principal office of the corporation in this state shall be:

5190 SW 90th Terrace Cooper City, Florida

PREPARED BY: STEVEN A. FEINMAN, ESQ. 8530 STATE ROAD 84 DAVIE, FLORIDA 33324 (954)473-5424 Florida Bar No:600880 1/0300308290

ARTICLE VII

The corporation shall have one (1) Director initially. The number of Directors may be either increased or diminished from time to time by the By-Laws but shall never be less than one. The name of the initial Director of the corporation is:

JOSE PEREZ

ARTICLE VII

The name and address of the person signing these Articles of Incorporation is:

JOSE PEREZ 5190 SW 90th Terrace Cooper City, Florida 33328

ARTICLE IX

The Registered Agent of the corporation shall be STEVEN A. FEINMAN, ESQ., whose address within this state is as follows:

8530 State Road 84 Davie, Florida 33324

IN WITNESS WHEREOF, the Articles of Incorporation have been executed on this the

30 day of October, 2003.

Having been named Registered Agent for the above stated corporation, I hereby agree to

accept the appointment.

STEVEN A. FEINMAN, ESQ.

jko3000308290

STATE OF FLORIDA))SS
COUNTY OF BROWARD)
1 HEREBY CERTIFY, th	at JOSE PEREZ to menersonally known/or having produced
es identif	leation on this day acknowledged before me that she executed
the foregoing Articles of Incorpo	ration, and I further certify that the said person making said
acknowledgment to be the individ	ual described in and who executed the said instrument
IN WITNESS WHEREO	F, I have hereto set my hand and seal in said County and State
on this the <u>30</u> day of _	October, 2003.
My Commission Expires:	Notary Public, State of Florida
LIBA C. COM NY COMMISSION EXPIRES: Septem Render Stre Respet N	Print Name Print Name 100 2872 Print Name 100 2 38 17 2 Commission Number

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