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

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FROM:	Kimberly K.	Remakeng e (Frinted or typed)	······································
	27327 Covale	Springs Dr.	
	wesley Chap	och FL 33543 , State & Zip	3
	813) 429 -	3740 Telephone number	

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME  The name of the corporation shall be: Cuberelite. Compar	nions, Inc	OH MAY!
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 47 Tampa, FL 33		ILED 17 PM 3:50
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:		
E 500 2 ing	,	
ARTICLE IV SHARES The number of shares of stock is: / OO	× .	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  Kimberly Remoberg (Presiden)  27327 Coral Springs Dr.  Wesley Chaper, Fl 33543	· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is: Kim.  27327 Corab Spring 5.0.  We sley Chapel, FL 33543	berly Rems	berg
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:		
Kimberly Remsberg 27327 Coral Springs_Dr. Wesleg Chaper, FL 33543	*******	****
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to a		ignated in this
Kymlos la K. Remla	4-29-04	
Signature/Registered Agent	29-07 Date	
Kimbers K. R-emberso	4-29-04	
Signature/Indorporator	Date	