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TRANSMITTAL LETTER

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

SUBJECT:	Ci' Bon, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Angela S. Brown Name (Printed or typed)		
		Pakbrook Drive Address	
		ood, FL 32779 State & Zip	
		32-9167 Telephone number	

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

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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:

Ci Bon, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1906 Oakbrook Drive Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Interior Design and Retail Sales of household products

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Angela S. Brown (D) 1906 Oakbrook Drive Longwood, FL 32779

ARTICLE VI __ REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Ralph Anderson 776 W. DeSoto Street Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Angela S. Brown 1906 Oakbrook Drive Longwood, FL 32779

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

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Date

iknature/Incorporator

Date