

PD50000 19742

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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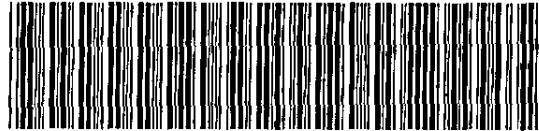
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/01/05--01031--017 **87.50

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TRANSMITTAL LETTER

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

SUBJECT: CUREXGO, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: JOSE M DIAZ
Name (Printed or typed)

8370 N.W 70 STREET
Address

MIAMI, FL 33166
City, State & Zip

305-513-6372
Daytime 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:

CUREXGO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8370 N.W 70 STREET
MIAMI, FL 33166

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ACT AS WHOLESALE DISTRIBUTOR AND EXPORT MERCHANDISE SUCH AS SHOES, CLOTHING AND HOUSEWARE ITEMS.

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President	Vice-President
Monique I Cijntje	Jose M. Diaz
8370 N.W 70 Street	8370 N.W 70 Street
Miami, FL 33166	Miami, FL 33166

ARTICLE VI REGISTERED AGENT

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

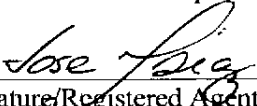
Jose M. Diaz 8370 N.W 70 Street, Miami, Florida 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monique I Cijntje
8370 N.W 70 Street
Miami, FL 33166


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

01/28/2005

Date



Signature/Incorporator

01/28/2005

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA