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## TRANSMITTAL LETTER

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

UBJECT:	Cintinity, 1	hc,		
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an orio	ginal and one (1) copy of the art	icles of incorporation and	l a check for	
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<b>\$70.00</b>	<b>™</b> \$78.75	\$78.75	\$87.50	
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& Certificate of	& Certificate of Status	& Certified Copy		
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		ADDITIONAL CO		
			or reconsist	
FROM:	Marlon Johnson	'n		
	Name	e (Printed or typed)		
	1127/1/61/10	3 / 240		
	12774 SW 200	Address		
	Mian: El ?	3177		
	Miami, FL 3	, State & Zip		
	•	-		
	305-665-926 Daytime	7		
	Daytime '	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 Cinfinity, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business is: 5942 SW 58 Terrace

South Miami, FL 33143

The mailing address is: 12774 SW 209 Lane

Miami, FL 33177

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide multimedia services to clients needing such services. These services shall include, but not be limited to, video and film production, website creation and graphic design.

#### ARTICLE IV SHARES

The number of shares of stock is 10,000.

#### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Marlon Johnson, Director 12774 SW 209 Lane Miami, FL 33177

Jaime Martinez, Director 5942 SW 58 Terrace S. Miami, FL 33143

Robert Morrison, Director 5723 SW 42 Terrace S. Miami, FL 33155

Chad Tingle, Director 2901 SW 37 Avenue Miami, FL 33133

### ARTICLE VI REGISTERED AGENT

The name and address of the Registered Agent is: Marlon Johnson

12774 SW 209 Lane Miami, FL 33177 2005 MAR 18 P 3: 01

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

Signature/Incorporator

Date

Date

SECKETARY OF STATE FALLAHASSEE, FLORID