P05000090071

| (Requestor's Name) | | | | |
|---|---|--|--|--|
| (Address) | _ | | | |
| (Address) | _ | | | |
| (City/State/Zip/Phone #) | _ | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | _ | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | _ | | | |
| Special Instructions to Filing Officer: | | | | |
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| Special Instructions to Filing Officer: | | | | |

Office Use Only



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SECRETARS OF STATE

TRANSMITTAL LETTER

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

| SUBJECT: Cugar | Inc (PROPOSED CORPORA) | TENAME UUSTINGI | UDISUUTEN |
|---------------------|--|--|--|
| Enclosed are an ori | ginal and one (1) copy of the arti | cles 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 | S87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED |
| FROM: | Cugar Inc Name | (Printed or typed) | |
| | 405 SW 2nd Street | Address | |
| | Boynton Beach , FI 33435 | State & Zip | - |
| | 561-436-0407 | elenhuine member | |

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Cugar Inc

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 405-SW 2nd Street, Boynton Beach, Fl 33435

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This Business may engage or transact any or all lawful activities or business permitter under the law of the Unites States of America, State of Florida, or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Uriel Cureno Garcia ,405-SW 2nd Street, Boynton Beach , FI 33435 President, Vice President, Treasurer, Director.

Catalina Garcia Munguia, 405-SW 2nd Street, Boynton Beach , Fi 33435 Secretary

ARTICLE VI REGISTERED AGENT

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

Ingrid Datena C/O Cosmopolitan Insurance, 3150 South Congress Ave, Lake Worth, Florida 33461

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Uriel Cureno Garcia, 405-SW 2nd Street, Boynton Beach, Fl 33435

| ************** | **************** |
|---|---|
| Having been named as figistered agent to accept service of process for the certificate, I am familial with and accept the apphintment as registered agent | above stated corporation at the place designated in this and agree to act in this capacity |
| Telluck atter | 6/15/05 |
| Signature/Registered Agent | Date |
| Ocuria a. | |
| Signature/Incorporator | Date |