Division of Corporations

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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

CADEMIR CORP.

Certificate of Status	0
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

05 DEC 28 AM 10: 08

#### ARTICLES OF INCORPORATION

OF

## Cademir Corp.

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the Corporation shall be:

Cademir Corp.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5850 LakeHurst Drive suite #150-12/13 Orlando, FI 32837

#### ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

1000 SHARES

1.00 Each

Carmen Deloris Brooks Guerra

1000 SHARES

#### ARTICLE IV INCORPORATORS

The name and street address of the incorporators to these Articles of Incorporation is as follow:

Carmen Deloris Brooks Guerra 5850 LakeHurst Drive suite #150 -12/13 Orlando, Fl 32837

The undersigned have executed these Articles of Incorporation this 8 Days of December 2005

PEESIDENT/INCORPORATOR
Carmen Deloris Brooks Guerra

### ARTICLE V BUSINESS ACTIVITY

The Company will participate in all legally Business Activity.

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

05 DEC 28 AM 10: 08

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Cademir Corp.

The Name and Address of the registered agent and office is:

Carmen Deloris Brooks Guerra 5850 LakeHurst Drive suite #150-12/13 Orlando, Fl 32837

Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.