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PICK-UP	☐ WAIT	MAIL		
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



COVER LETTER

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

SUBJECT: CYNI	FUL INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an original	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
S70.00 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: CY	NTHIA M WAGNER		
		(Printed or typed)	
-	7115 S MANHATTAN	Address	
- -	TAMPA, FL 33616	State & Zip	*****
-	313-837-5512 Daytime T	elephone 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:

CYNFUL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7115 S MANHATTAN TAMPA, FL 33616

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL

<u>ARTICLE IV</u> 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):

CYNTHIA M WAGNER, PRESIDENT 7115 S MANHATTAN TAMPA, FL 33616

ARTICLE VI REGISTERED AGENT

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

CYNTHIA M WAGNER 7115 S MANHATTAN TAMPA, FL 33616

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CYNTHIA M WAGNER 7115 S MANHATTAN TAMPA, FL 33616

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

Lythiam Wagner Signature/Registered Agent	12/30/06
Signature/Registered Agent	Date
Lymphia m Wagner	
Signature/Incorporator	Date

SECRETARY OF STATE TALLAHASSEE, FLORID.