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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

macedonia skyline, inc.

Certificate of Status	0
Certified Copy	1
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

MACEDONIA SKYLINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2101 BRICKELL AVENUE

SUITE 1009

MIAMI, FLORIDA 33129

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIO BONILLA DIRECTOR-PRESIDENT-SECRETARY-TREASURER

2101 BRICKELL AVE. SUITE 1009

MIAMI, FLORIDA 33129

ARTICLE VI REGISTERED AGENT

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

SARA KOCHEN

2000 N. BAYSHORE DRIVE

UNIT 328

MIAMI, FLORIDA 33137

ARTICLE VII INCORPORATOR

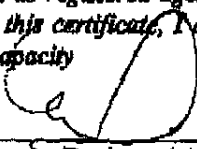
The name and address of the Incorporator is:

MARIO BONILLA

2101 BRICKELL AVE. SUITE 1009

MIAMI, FLORIDA 33129

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

 SARA KOCHEN

Signature/Registered Agent

5/26/09

Date



Signature/Incorporator

5/26/09

Date

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