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Florida Department of State
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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

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FLORIDA PROFIT/NON PROFIT CORPORATION

macedonia skyline, inc.

Certificate of Status	0
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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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