P11000012345

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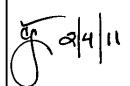




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COVER LETTER

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

SUBJECT: Crescendo Computing Corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUF	·FIX)
& Certificate of Status & Certified Copy Certified	50 ng Fee, ified Copy ertificate of us
FROM: Alfonso A Quiton Name (Printed or typed)	
1350 Whitestone Way	901 S
Davie, FL 33325 City, State & Zip	SECHE TARE DIVISION OF C
954-467-3822 Daytime Telephone number	3 PH 1
alfq3@aol.com E-mail address: (to be used for future annual report notificati	ion)

NOTE: Please provide the original and one copy of the articles.

11 31

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME		SECHETARY!	The sales of
The name of the	corporation shall be: Crescendo Computir	ng Corporation	DIVISION OF COR	REURALIE.
ARTICLE II	PRINCIPAL OFFICE		2011 EER - 3	PM 1: 1
	Principal street address		Mailing address, if different is:	, , ,
	1350 Whitestone Way			
	Davie, FL 33325			
ARTICLE III	PURPOSE			
	which the corporation is organized is:		· ·	
Any and All	Lawful Business			
ARTICLE IV The number of si	SHARES hares of stock is: 100			
	INITIAL OFFICERS AND/OR DIRECT			
Name and	Title: Alfonso A Quiton (P)	Name and Titl		
Address:	1350 Whitestone Way			
	Davie, FL 33325			
Name and	Title:	Name and Titl	le:	
Address:	•	Address:		
		<u>.</u>		
Nome and	Title:	Nome and Tit		
Address:	Title.	Address		
Addiças.				
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	le) of the registered ag	ent is:	
Name:	Alfonso A Quiton		•	
Address:	1350 Whitestone Way			
	Davie, FL 33325			
ARTICLE VII	INCORPORATOR			
	address of the Incorporator is:			
Name:	Alfonso A Quiton			
Address:	1350 Whitestone Way Davie, FL 33325			
	Davie, FL 33323			
	med as registered agent to accept service of pr I am familiar with and accept the appointment a			nated in
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a registeren ngem um	•	
_ Uton	Required Signature/Registered Agent	· · ·	1/81/2011	
U	*Required Signature/Registered Agent		Date	
	ocument and affirm that the facts stated herein			tted in a
document to the	Department of State constitutes a third degree f	tetony as provided for	m s.817.155, F.S.	
Home	2 Juliu		1/31/201	1
NANH 110	Required Signature/Incorporator		Date	K