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COVER LETTER

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

SUBJECT: CYC Professional Corp. (PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the article \$70.00 \$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM: <u>Carlos Ulloa Prats</u> Name	(Printed or typed)		
Hialeah, Fl 33014	Address	2011 JUL 12 PM	
786-478-8521	State & Zip	2: 30	N. Comb.
Cycprofessionalcorp@yahoo.co E-mail address: (to be used	m for future annual report	notification)	

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 CYC Professiona	al Corp.		
	corporation shall be:			
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address	Mailin	ng address, if different is:	
	962 West 81st Pl			
	Hialeah fl, 33014			
ARTICLE III	DIPPOSP			
	which the corporation is organized is:			
• •	lawful business.			
ARTICLE IV The number of sl	SHARES 250			
	Title Corlos Lillos Proto			
Address:	Title Carlos Ulloa Prats (presidente 962 West 81st Pl	A didenses		
Address.	Hialeah fl. 33014			
	malearni, 33014			
Name and	Title:	Name and Title:		
Address:		Address:		
	Title:		**************************************	
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acce	antable) of the registered accept in		
Name:	Carlos Ulloa Prats	eptable) of the registered agent is:		
Address:	962 West 81st Pl		2 3 20	
7 tuul 033.	Hialeah fl. 33014			
	malean II, 55014		يسرونس 1920 مول	
ARTICLE VII	INCORPORATOR			
	ddress of the Incorporator is:		A STATE OF THE STA	
Name:	Carlos Ulloa Prats		* 1	
Address:	962 West 81st Pl			
	Hialeah fl, 33014		: A	
	•		? ?	
Having been nai	med as registered agent to accept service	of process for the above stated co	rporation at the place designated in	
this certificate, I	am familiar with and accept the appointm	ent as registered agent and agree t	o act in this capacity	
Λ	1 All			
			July 7712011	
	Required Signature/Registered A	gent	Date	
V			~~~~	
submit this doc	cument and affirm that the facts stated h	erein are true. I am aware that t	he false information submitted in a	
locument to the l	Department of State constitutes a third deg	gree felony as provided for in s.817	7.155, F.S.	
11	at//	- -		
(188			July 7th 2011	
	Required Signature/Incorpora	tor	Date	