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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICE
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AURATEQ GLOBAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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DIVISION OF CORPORATIONS

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: **AURATEQ GLOBAL, INC.**

ARTICLE II PRINCIPAL OFFICE
Principal street address

**2819 MAYO STREET
HOLLYWOOD, FL 33020**

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
GENERAL PURPOSE

ARTICLE IV SHARES
The number of shares of stock is: **1000 at No Par Value**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Austen Frankel, President**
Address: **2819 MAYO STREET
Hollywood, FL 33020**

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Austen Frankel**
Address: **2819 Mayo Street
Hollywood, FL 33020**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **Jacqueline Susan**
Address: **52 South Reed Street, 2nd Flr.
Albany, NY 12207**

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.

X Austen Frankel

Required Signature/Registered Agent

Date

7/15/11

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.135, F.S.

Jacqueline Susan

Required Signature/Incorporator

Date

7/15/11

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CLERK OF THE COURT
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