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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

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
706 CARILLON INVESTMENTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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J. Shivers NOV 15 2011

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

ARTICLE I NAME 706 CARILLON INVESTMENTS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
2699 S. BAYSHORE DR.
SUITE 300
MIAMI, FL 33133

Mailing address, if different is:
2699 S. BAYSHORE DR.
SUITE 300
MIAMI, FL 33133

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

Name and Title: DANIEL ALEJANDRO SILVA D/P/S/T	Name and Title: _____
Address: 2699 S. BAYSHORE DR.	Address: _____
SUITE 300	_____
MIAMI, FL 33133	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: LEANDRO R. BARBUSCIO
Address: 2699 S. BAYSHORE DR SUITE 300
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: DANIEL ALEJANDRO SILVA
Address: 2699 S. BAYSHORE DR #300
MIAMI, FL 33133

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

Required Signature/Registered Agent
10-28-11
Date

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.817.155, F.S.

Required Signature/Incorporator
10-28-11
Date

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