

P120000012738¹

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

**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

Macabi Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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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:

MACABI INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1701 W WATERS AVENUE
TAMPA, FLORIDA 33604

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR, PRESIDENT
YOMALKIS FOMBELLIDA
8501 N ROME AVENUE
TAMPA, FLORIDA 33612

SECRETARY
JANETTE EORRAS
8501 N ROME AVENUE
TAMPA, FLORIDA 33612

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JANETTE BORRAS
8501 N ROME AVENUE
TAMPA, FLORIDA 33612

ARTICLE VII INCORPORATOR

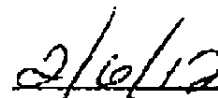
The name and Florida street address of the incorporator is:

YOMALKIS FOMBELLIDA
8501 N ROME AVENUE
TAMPA, FLORIDA 33612

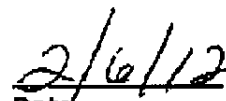
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


JANETTE BORRAS / Registered Agent


Date


YOMALKIS FOMBELLIDA / Incorporator


Date

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