

PI 2000017414

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  
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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  
MULTI-OPERATION ENTERPRISE, INC.

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## **ARTICLES OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

MULTI-OPERATION ENTERPRISE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

751 NW 33RD STREET # 160B

POMPANO BEACH, FL 33064

### **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

SAMUEL CAJIGAS

751 NW 33RD STREET # 160B

POMPANO BEACH, FL 33064

DIRECTOR, PRESIDENT

RAFAEL SANTOS

751 NW 33RD STREET # 160B

POMPANO BEACH, FL 33064

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

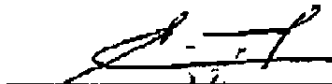
SAMUEL CAJIGAS  
751 NW 33RD STREET # 160B  
POMPANO BEACH, FL 33064

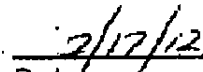
**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

SAMUEL CAJIGAS  
751 NW 33RD STREET # 160B  
POMPANO BEACH, FL 33064

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.

  
\_\_\_\_\_  
SAMUEL CAJIGAS / Registered Agent

  
\_\_\_\_\_  
Date 2/17/12

  
\_\_\_\_\_  
SAMUEL CAJIGAS / Incorporator

  
\_\_\_\_\_  
Date 2/17/12

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