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P. 001

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
E BIKE ZERO EMISSION, INC

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

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P. 002

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: **E BIKE ZERO EMISSION, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3100 NE 2nd AVENUE
MIAMI, FL 33138

Mailing address, if different is:

310 NW 11 STREET #207
MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO TRANSACT ANY AND LAWFULL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **200 SHARES(TWO HUNDRED SHARES) EACH \$1.00 PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DOMENICO IODICE PD**
Address: **816 NW 11 STREET # 207**
MIAMI, FL 33138

Name and Title: **GIUSEPPE RUSSO VP**
Address: **19 EAST FLAGLER STREET**
MIAMI, FL 33137

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: **DOMENICO IODICE**
Address: **816 NW 11 STREET #207**
MIAMI, FL 33138

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **GIUSEPPE RUSSO**
Address: **19 EAST FLAGLER STREET**
MIAMI, FL 33137

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

12/20/2012

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

12/20/2012

Date

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