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| (Requestor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
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| (Busir | ness Entity Nan | ne) | | |
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| (Docu | ment Number) | | | |
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID.

Effective Date 3/6/2013

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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| SUBJECT: CIA | Portfolio Holding | gs, Inc. | |
|----------------------|---|---------------------------------------|---|
| SUBJECT. | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Copy & Certificate of |
| | | ADDITIONAL CO | |
| | | e (Printed or typed) | |
| 43 | 320 Woodland P | | |
| W | est Melbourne, | FL 32904 | |
| | City | , State & Zip | |
| (3 | 21) 723-3400 | | |
| _ | • | Telephone number | |
| ga | ary@cia-develop E-mail address: (to be use | ers.com | notification) |
| | L-man address, (to be dat | ca for fatare annual report | |

NOTE: Please provide the original and one copy of the articles.

Effective Date 3/6/2013

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

| ARTICLE I NAM The name of the corporat | E CIA Portfolio H | oldings, Inc. | EG A |
|--|--|----------------------------|----------------|
| ARTICLE II PRII | vcipal office Principal street address and Park Dr | Mailing address | 7 & 32 |
| | urne, FL 32904 | | STATE OR DE |
| ARTICLE III PURI | POSE ne corporation is organized is: | hase of real estate invest | ment equities. |
| | | | |
| | | | |
| | IAL OFFICERS AND/OR DIRECTO | | |
| Name and Title Address | Gary R Cunningham II - P,S,T 4320 Woodland Park Dr | Name and Title: Address: | |
| | West Melbourne, FL 32904 | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | • | | |
| Address | | | |
| | | | |

| Name an | d Title: | Name and Title: | <u> </u> | |
|--|---|--|---|--|
| Address | | Address: | THE THE | |
| ARTICLE VI | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or | f the registered agent is: | D: 47 | |
| | Gary R. Cunningham II | the registered agent is. | | |
| Name: Address: | 4320 Woodland Park Dr. | - | | |
| | West Melbourne, FL 32904 | - | | |
| ARTICLE VII | INCORPORATOR | ARTICLE VIII | EFFECTIVE DATE | |
| The name and address of the Incorporator is: | | | MARCH 6, 2013 | |
| Name: | Gary R. Cunningham II | | | |
| Address: | 4320 Woodland Park Dr. | - | | |
| | West Melbourne, FL 32904 | _ | | |
| Having been nan this certificate, I | ned as registered agent to accept service of process arn familiar with and accept the appointment as rep | s for the above stated corpor gistered agent and agree to a | ration at the place designated in act in this capacity | |
| / | 21/V-1= | | 3/6/2013 | |
| | Required Signature/Registered Agent | | Date | |
| | pathent and affirm that the facts stated herein are Department of State constitutes a third degree felon | | | |
| 1 | 4/KV-8/-> | | 3/6/2013 | |
| | Required Signature/Incorporator | | Date | |