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Florida Department of State  
Division of Corporations  
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From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
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TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
CROS INVESTMENT GROUP, INC.

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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: Cros Investment Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

615 Cape Coral Parkway W

SAME

Suite 204

Cape Coral, FL 33914

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Transacting any and all lawful business for which corporations may be formed under the Florida  
Business Corporation Act, and all amendments and supplements thereto, or any law  
enacted to take the place thereof.

**ARTICLE IV SHARES**

One thousand shares of common stock

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Thierry Cros, President & Secretary

Name and Title: \_\_\_\_\_

Address: 615 Cape Coral Pkwy W  
Suite 204  
Cape Coral, FL 33914

Address: \_\_\_\_\_

Name and Title: Thomas M. Bennet, VP & Treasurer

Name and Title: \_\_\_\_\_

Address: 615 Cape Coral Pkwy W  
Suite 204  
Cape Coral, FL 33914

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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(cont.)

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: Thierry Cros  
Address: 615 Cape Coral Pkwy W., Suite 204  
Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Thierry Cros  
Address: 615 Cape Coral Pkwy W., Suite 204  
Cape Coral, FL 33914

*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

03/11/2014  
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

03/11/2014  
Date

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