Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Email Address:

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

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Corporate Filing Menu

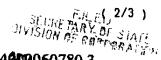
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3/12/2014

3/12/2014 15:55:52 From: To: 8506176381



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

ARTICLE I NAM The name of the corporati		stment Group, Inc.
	CIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
615 Cape Cora	al Parkway W	SAME
Suite 204		
Cape Coral, Fl	L 33914	
ARTICLE III PURP	POSE use corporation is organized is:	
Transacting any ar	nd all lawful business for w	hich corporations may be formed under the Florida
Business Corpor	ation Act, and all amend	dments and supplements thereto, or any law
enacted to take	e the place thereof.	
A SIMPOY IN FIT CITAL	n m c	
The number of shares of s		common stock
1 h = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 = 2 =		
	<i>IAL OFFICERS AND/OR DIR!</i> Thierry Cros. President & Sec	cretary Name and Title:
	615 Cape Coral Pkw	
-	Suite 204	Address:
•	Cape Coral, FL 339	<u> </u>
•	<u> </u>	
Name and Title:	Thomas M. Bennet, VP & Tre	Pastirer Name and Title:
Address	615 Cape Coral Pkw	/y W Address:
	Suite 204	
	Cape Coral, FL 339	14
. •		
Name and Title:_		Name and Title:
Address .		Address:
•		

FREU SECRETARY OF STATE DIVISION OF CORPORATE H14000060780 3

2014 MAR | 3 AM | 2: 05

			(wnti.)
Nume an	d Tide:	Name and Title:	
Address		Address:	
RTICLE VI he name and F	REGISTERSD AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
fame:	Thierry Cros		
Address:	615 Cape Coral Pkwy W., Suite 204		
	Cape Coral, FL 33914		
RTICLE VII	INCORPORATOR		
he <u>name and ac</u>	ddress of the incorporator is:		
Name:	Thierry Cros		
Address:	615 Cape Coral Pkwy W., Suite 204		
, , , , , , , , , , , , , , , , , , ,	Cape Coral, FL 33914		
laving been nas ils certificate, I	ned as registered ugent to accept service of process am familiar with and gocept the appointment as reg	for the above stated corporation istered agent and agree to act in t	his capacity
_	15-		03/11/2014
	Required Signature/Registered Agent		Date
submit this doc occument to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am invare that the false it y as provided for in 1.817.155, F.S	Yormation submitted in a S.
	A	······	03/11/2014
	Required Statesture/Interporator		Daty -