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Division of Corporations

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Florida Department of State  
Division of Corporations  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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FLORIDA PROFIT/NON PROFIT CORPORATION  
MAD CAVE STUDIOS INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF INCORPORATION

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

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**ARTICLE I NAME**The name of the corporation shall be: **Mad Cave Studios Inc**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**3982 Poinciana Close Rd****MIAMI, FL 33133****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful business permitted under the laws of the State of Florida.****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

**Marlo Londono-Mejia (P)**

Name and Title:

Address

**3982 Poinciana Close Rd**

Address:

**Miami, FL 33133**

Name and Title:

**Laura C Chacon (VP)**

Name and Title:

Address

**3982 Poinciana Close Rd**

Address:

**Miami, FL 33133**

Name and Title:

Name and Title:

Address

Address:

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06/24/2032 04:52

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Mario Londono Mejia  
Address: 3982 Poinciana Close Rd  
Miami, FL 33133

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mario Londono Mejia  
Address: 3982 Poinciana Close Rd  
Miami, FL 33133

*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

7/25/2014  
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 § 817.133, F.S.*

  
Required Signature/Incorporator

7/25/2014  
Date

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