

09/21/2032 04

#4194 P.001/003

P14000091608

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000261623 3)))



H140002616233#BCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CP MASTERS INC.**

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

Electronic Filing Menu

Corporate Filing Menu

Help

14 NOV 10 PM 2:42
RECEIVED
STATE
TALLAHASSEE FLORIDA

11/2/11 ch

H14000261823

ARTICLES OF INCORPORATION

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

ARTICLE I NAME: The name of the corporation is:CP Masters Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

10852 N Kendall Drive 2-417Miami FL 33176**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Santino Sebastiano Bella (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

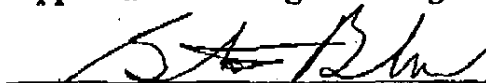
Santino SEBASTIANO BELLA10852 N. Kendall DR 2-417Miami FL 33176**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:SANTINO SEBASTIANO BELLA10852 N. Kendall DR 2-417Miami FL 33176

H14000261823

H14000261623

Required Signatures:

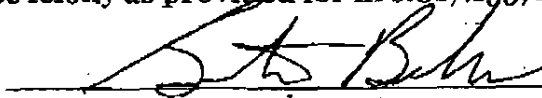
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Registered Agent

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.



Incorporator

Date

RECEIVED
JAN 10 10 16 AM
STATE OF FLORIDA
DEPARTMENT OF STATE

H14000261623