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COVER LETTER

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

SUBJECT: Cyn	ergy Marketing l	nc.	
SUBSECT	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: C	ynthia Wummer		
	Nam	e (Printed or typed)	
12	213 Avocado Isle		
Fo	ort Lauderdale, F	Address Florida 33315 State & Zip	
95	54 609 0357	Felephone number	

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

Cynthia@wummer.us

E-mail address: (to be used for future annual report notification)

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

<u>ARTICLE II PRI</u>	NCIPAL OFFICE		
	Principal street address	Mailing a	ddress, if different is:
1213 Avoca	ido Isle		
Fort Lauderdal	e, Florida 33315		
		1000000	
ARTICLE III PUR	PPOSE		
	the corporation is organized is:	<i>c c c c c c c c c c</i>	
Branding ar	nd Marketing Services	for Profit	
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ARTICLE IV SH	APES 4000		² •
ARTICLE IV SH.	ARES 1000	·	- 5 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
			ြင့္လုပ္သည္ (၁၈)
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	- 5 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등
ARTICLE V INI	<i>TIAL OFFICERS AND/OR DIRECTOR</i> e: Cynthia Wummer, President	S Name and Title:	TORRES S
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR		TORRES S
ARTICLE V INI Name and Titl	<i>TIAL OFFICERS AND/OR DIRECTOR</i> e: Cynthia Wummer, President	Name and Title:	TORRES S
ARTICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTOR e: 1213 Avocado Isle	Name and Title:	TORRES S
ARTICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTOR e: 1213 Avocado Isle	Name and Title:	TORRES S
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: 1213 Avocado Isle	Name and Title: Address:	FORIDA S
Name and Title Address Name and Title	TIAL OFFICERS AND/OR DIRECTOR e: Cynthia Wummer, President 1213 Avocado Isle Fort Lauderdale, Florida 33315	Name and Title: Address: Name and Title:	FORIDA S
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Cynthia Wummer, President 1213 Avocado Isle Fort Lauderdale, Florida 33315	Name and Title: Address: Name and Title:	FORTING SECTION SECTIO
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Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: Cynthia Wummer, President 1213 Avocado Isle Fort Lauderdale, Florida 33315	Name and Title: Address: Name and Title: Address:	FORDA SS
Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR e: Cynthia Wummer, President 1213 Avocado Isle Fort Lauderdale, Florida 33315	Name and Title: Address: Name and Title: Address: Name and Title:	FORDA SS

Name a	nd Title:Na	ame and Title:
Addres	s Ad	ddress:
ARTICLE VI The name and F	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	Stephane Caiveau	registered agent is.
Address:	1213 Avocado Isle	
	Fort Lauderdale, Florida 33315	
ARTICLE VII	INCORPORATOR	PH 3: 35
The <u>name and a</u>	ddress of the Incorporator is:	(BA) (1) (BA)
Name:	Cynthia Wummer	<u> </u>
Address:	1213 Avocado Isle	
	Fort Lauderdale, Florida 33315	
Having been na his certificate, I	med as registered agent to accept service of process for a am familiar with and accept the appointment as register	the above stated corporation at the place designated in red agent and agree to act in this capacity
	Carbean	11/10/14
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. Depayment of State constitutes a third degree felony as p	
	Good Miller	11/10/14
—- --	Required Signature/Incorporator	Date