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15 APR 28 PM 12:47  
SEEDS OF CHANGE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **CYM MILAM AUTO SALES INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **CYM MILAM AUTO SALES INC**

Name (Printed or typed)

**2800 NW 17 AVENUE**

Address

**MIAMI, FLORIDA 33142**

City, State & Zip

**(305)525-6501**

Daytime Telephone number

**luisca185@yahoo.com**

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

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

**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: CYM MILAM AUTO SALES INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2800 NW 17 AVENUE

MIAMI, FLORIDA 33142

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: BUYING AND SALES CARS

**ARTICLE IV    SHARES**

The number of shares of stock is: 51

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

Name and Title: LUIS CALIX (president)

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

Address: 3081 NW 5 STREET

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

MIAMI, FL 33125

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

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

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

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

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

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

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

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

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(conti.)

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: LUIS CALIX  
Address: 2800 NW 17 AVENUE  
MIAMI, FL 33142

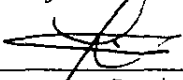
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

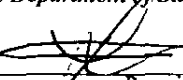
Name: LUIS CALIX  
Address: 2800 NW AVE  
MIAMI FLORIDA 33142

*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

4/23/2015  
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

4/23/2015  
Date