

P/5000043524

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.

((H15000117689 3)))



H150001176893ABC5

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
CHILLMAN INC.**

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

RECEIVED

15 MAY 14 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY 14 AM 10:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05/15/15

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

H15000117689

ARTICLE I NAME: The name of the corporation is:

Chillman Inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

5030 SW 93ct.Miami, FL 33165

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

P: Hector L. Fonseca

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 MAY 14 AM 10:41

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Hector L. Fonseca5030 SW 93ct.Miami, FL 33165

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

Hector L. Fonseca5030 SW 93ct.Miami, FL 33165

H15000117689

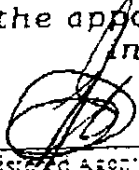
03/25/2033 03:36

#3026 P.003/003

H15000117689

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

5-13-15

Date

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.



Secretary of State

5-13-15

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY 14 AM 10:41

H15000117689