

05/27/2033 06:2

#5367 P.001/003

DISC0059317

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.

((H15000173775 3)))



H150001737753ABC3

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

RECEIVED

15 JUL 16 PM 4:48

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
CNC WORKS INC**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 16 AM 8:53

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

H15000173775

ARTICLE I NAME: The name of the corporation is:CNC WORKS INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1741 SW 82 Place
Miami FL 33155**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Oscar Garcia (P)Gonzalo Montero (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Oscar Garcia
1741 SW 82 Place
Miami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Oscar Garcia
1741 SW 82 Place
Miami FL 33155

H15000173775

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

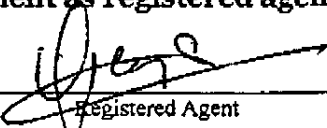
15 JUL 16 AM 8:53

FILED

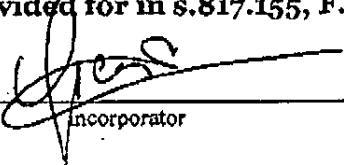
H15000173775

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

 _____ 7/16/15
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.

 _____ 7/16/15
Incorporator Date

15 JUL 16 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H15000173775