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COVER LETTER

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

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2	al Gables, FL 33134	1 mass (400	
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	5) 442-3334 x. 214		4.3
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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)

<u>CLEJI PRI</u>	NCIPAL OFFICE Principal street address		Mailing address, if different is:
m Moran Blvd	-		
field Beach, FL	33442		
CLEIII PUR Upose for which	POSE h the corporation is organized is: Any law	wful purpose	
——————————————————————————————————————			, _
CLE IV SHA	IRES LOOP:		
CLE V INI	(RES 1,000 of stock is:	='	President/Director
<i>CLE V INC</i> Name and T	ILAL OFFICERS AND/OR DIRECTORS ille: Beverly Raphael 255 Jim Moran Blvd	Name and Tit	e: President/Director
CLE V INI	ILAL OFFICERS AND/OR DIRECTORS ille: Beverly Raphael 255 Jim Moran Blvd	='	e:
<i>CLE V INC</i> Name and T	IIAL OFFICERS AND/OR DIRECTORS itle: Beverly Raphael 255 Jim Moran Blvd.	Name and Tit	e: President/Director
Nome and T Address	Eldi. OFFICERS AND/OR DIRECTORS itle: Beverly Raphael 255 Jim Moran Blvd. Deerfield Beach, FL 33442	Name and Tit	
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Name and Ti Address Name and Ti Address	ELAL OFFICERS AND/OR DIRECTORS Beverly Raphael 255 Jim Moran Blvd. Deerfield Beach, FL 33442 Richard Rhodes 255 Jim Moran Blvd.	Name and Title Address: Name and Title Address:	e: Vice-President/Director

IANDIC SI	ito i titis:	Manueladd Moer
Addres		Address:
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name:	SKRLD, Inc.	
Address:	201 Alhambra Circle, #1100	
	Coral Gables, FL 33134	
<u>ARTICLÉ VII</u>	INCORPORATOR	
The name and s	ddress of the incorporator is:	
Name:	Blissbeth D. Kozlow, Esq.	<u></u>
Address:	201 Alhambra Circle, 11th Floor	
	Corel Gables, FL 33134	
Effective date, it (If an effective days after the f	iling.)	(OPTIONAL) support be more than five business days prior or 90 business table statutory filing requirements, this date will not be listed
the document's e	Mective date on the Department of State's reco	rd\$.
Having been no this curtificate, I	med as registered ugent to accept service of pro- am familiar with and accept the appointment of	ocess for the above stated corporation at the place designate is registered agent and agree to act in this capacity
	- 1/1/2·	
	Required Signature/Registered Agent	Date
I submit this do	cument and uffree that the facts stated herein Department of State constitutes a third degrae-	are true. I am aware that the false biformation submitted felony as provided for in \$817.155, F.S.
100	5000	12/18/15
Requ	ired Signature/Incorporator	Date