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S. PRATHL.

COVER LETTER

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

SUBJECT: CI	RYST	AL PRO CORP				
30D015C1		(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
			:			
Enclosed are ar	n orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☐ \$70 Filing I		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
			ADDITIONAL CO	PY REQUIRED		
FROM	OT	TO SANCHEZ Nam	e (Printed or typed)			
	1281	0 SW 43 DR #115B				
			Address			
	MIA	MI, FL 33175		,		
		City	, State & Zip			
	7863	3343841				
		Daytime 7	Telephone number			
	COJ	IMARMIAMI@GMAIL.COM				
		E-mail address: (to be use	ed for future annual report	notification)		

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

1111

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

R <i>TICLE II PRIN</i> 2810 SW 43 DR #11	Principal street address		Mailing address, if o	different is:	
IAMI, FL 33175				16	SIV ig
		<u></u>		#E8	2002 2003 2004
DTICLE III DIIDI	DOCE			5	77 P
RTICLE III PURI ne purpose for which	the corporation is organized is:	ATION TECNOLO	OGY BUSINESS	<u> </u>	고 건 전 전
	·			E 4	15 A
				16	SWOILVED S
RTICLE IV SHAP	f stock is:				
ne number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS		le:		
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Name a	nd Title:	Name and Title:
Addres		Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	able) of the registered agent is:
Name:	OTTO SANCHEZ	☆ 9.
Address:	12810 SW 43 DR #115B	SECRE FRION
11001055	MIAMI, FL 33175	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	AH PROPERTY OF A PARTY
The name and a	address of the Incorporator is:	7 98
Name:	OTTO SANCHEZ	
Address:	12810 SW 43 DR #115B	
	MIAMI, FL 33175	
Effective date, i (If an effective days after the i Note: If the day	filing.) te inserted in this block does not meet the appl	cannot be more than five business days prior or 90 business licable statutory filing requirements, this date will not be listed as
Having been no		cords. process for the above stated corporation at the place designated i t as registered agent and agree to act in this capacity
		02/08/2016
	Required Signature/Registered Age	nt Date
	ocument and affirm that the facts stated here to Department of State constitutes a third degre	in are true. I am aware that the false information submitted in the felony as provided for in s.817.155, F.S.
		02/08/2016
Req	uirea Signature/Incorporator	Date