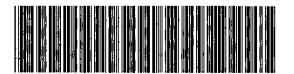
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SCOSTING OF STATE TALLAHASSEE FLORID

MAY 2 3 2016

COVER LETTER

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

SUBJECT: Cube King Inc. (PROPOSED CORPORAT	
(PROPOSED CORPORAT	FE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	Filing Fee & Certified Copy Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Michael Ban Name 22545 S.W. 66	(Printed or typed)

S61-305-2166

Daytime Telephone number

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)

The name of the corporat	ion shall be: Cube	King 7	Inc.	
ARTICLE II PRINC			Mailing addre	ess, if different is:
22545 S	on, FL 33428		Sam	
	,		firm tur	e sales
				Y 16 PH 12: 1 HASSEE FLOR
ARTICLE IV SHARE The number of shares of				TATE ORIDA
Name and Title	<u>LOFFICERS AND/OR DIRECT</u> : Mi Chae I Bancro L	CEO Name	and Title:	
Address	22545 DWG6 # 1 Boca Paton, FL		ss:	
Address				
Name and Title:		Name	and Title:	
Address		-	ss:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VIREGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name: Michael Bankoth Band	roft
Address: 22545 Sw (06 An \$205	
Boca Raton 74 33428	
,	
<u>ARTICLE VII INCORPORATOR</u>	SET C
The name and address of the Incorporator is:	PHI2: 4 EFFLORI
Name: Michael Bancroft	
Address: 22545 SW 66 4 AVR # 205	
Boca Raton, FL 33428	· Y
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot days after the filing.)	
Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg	
Required Signature/Registered Agent	
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 felon	y as provided for in s.817.155, F.S.
Carl	5/12/16
Required Signature/Incorporator	Date