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.

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| To: | | |
|-----------------|--|------------------|
| | Division of Corporations | |
| | Fax Number : (850)617-6381 | |
| From: | | |
| | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. | |
| | Account Number : I2000000019 | |
| | Phone : (305)552-5973 | |
| | Fax Number : (305)675-5944 | |
| | | |
| **E | nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** | |
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| | Email Address: | <u> </u> |
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| : | FLORIDA PROFIT/NON PROFIT CORPORATION | |
| 4 46 | FLORIDA PROFIT/NON PROFIT CORPORATION | —₽ M |
| | FLORIDA PROFIT/NON PROFIT CORPORATION CLIFDEN CAPITAL INC | |
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| # ## # 7 | CLIFDEN CAPITAL INC Certificate of Status Certified Copy Page Count 0 03 | AH QO |
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| # ## # 7 | CLIFDEN CAPITAL INC Certificate of Status Certified Copy Page Count 0 03 | AH 8: 26 |

Electronic Filing Menu

Corporate Filing Menu

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JUN 2 7 2016. T. SCOTT LAZARUS

PAGE 02/03

· (FAX)7863324807

P.001/002

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

H16000154748

| Clifden Capital Inc | | |
|---|----------|----------|
| ARTICLE II PRINCIPAL OFFICE: | | |
| The principal street address and mailing address is; | | |
| 6500 NW Fland AUE | | |
| 6500 NW 72nd AUE Minmi, FC 33166 | | |
| <u> </u> | | |
| ARTICLE III SHARES: The number of shares of stock is: 100 | · . | |
| ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: | | |
| Erik Millon - P | | 9 |
| David Sheedy - V.P. secretary | <u>5</u> | |
| | JUN 24 | 224 |
| | A | 373 |
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| | 26 | Was A |
| | | • |
| ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: | | |
| Erik Millon | | |
| 6500 NW 72 nd AUS | | |
| Miami, FL 33166 | | |
| Thomas Solve | | |
| ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: | | |
| Erik Millon | | |
| 6500 NW Thou Aux | | |
| Miami, Et 33160 | | |

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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

Erik Millan 06-2

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.

Erik Millon 06-23-16