

07/13/2015 15:08

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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Phone : (305)552-5973  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
C.O.F CABLE INC**

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

16 JUL 13 PM 12:52

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME:** The name of the corporation is:C.O.F. CABLE INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1777 W 57 ST #206  
HI/EAH Florida 33012**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**OSMAR E ARGOTE (PRESIDENT)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

OSMAR E ARGOTE  
1777 W 57 ST #206  
HI/EAH FL 33012**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:OSMAR E ARGOTE  
1777 W 57 ST #206  
HI/EAH FL 33012

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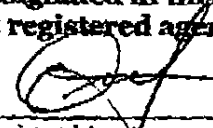
LAZARUS

07/13/2016 15:40 3052201440

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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

  
\_\_\_\_\_  
Registered Agent7/18/2016  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator7/18/2016  
\_\_\_\_\_  
Date

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