## 96000096010

(Requestor's Name)					
(Address)					
(Address)	_				
	_				
(City/State/Zip/Phone #)	_				
PICK-UP WAIT MAIL					
(Business Entity Name)	_				
(Document Number)					
Certified Copies Certificates of Status	_				
Special Instructions to Filing Officer:					
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Office Use Only

SEP 1 5 2015



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SECRETATION STATE



## **COVER LETTER**

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

SUBJECT:	City Conex	CIE INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	PATRICIA M.C. Nam 3192 JAMEY	LORE e (Printed or typed)  Rd  Address	
	TALLA HASSE		2303
	850 - 66/-33 Daytime	Telephone number	
<u></u>	F-mail address: (to be use	ed 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)

me of the corpor		OIT LUI	NCRETE	, INC	<del></del>	
<u>CLE II PRIN</u>	CIPAL OFFICE Principal street address	/	Mailir	ng address, if d	ifferent is:	
192 0	AMEY RO		· · · · · · · · · · · · · · · · · · ·	1 me/		
ALLAHA	SSEE FL	32303				
CLE III PURP	<u>OSE</u> the corporation is organized	dis POUC	reto our	, , d-	other	
	organized		Je gov	// //	Service	ير
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		·	<del></del> .			
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mber of shares o  CLE V INITE  Name and Titl	stock is: /00	PLORE (P)	Name and Title:		SECRETALL NHAS	\$6 \$5P 15
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Name and Title Address  Name and Title Address	Stock is: 100  AL OFFICERS AND/ORD  C: PATRICIA M  3192 JAMEY  Tallahassee	MORE (P)	Address:			6: 15

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: PATRICIA M.CLORE	-
Address: 3192 JAMEY Rd	
Tallahassee FL 323	<u> </u>
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Name: PATRICIA M. CLORE	_
Address: 3192 Jamey RD Tallahassed FL	32303
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	ot be more than five business days prior or 90 business
the document's effective date on the Department of State's records.	
Having been named as registered agent to accept service of proces this certificate, I am familiar with and accept the appointment as re	
Ar na Mas	9-15-2016
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are document to the Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a
Pot in Close	9-15-20/6
Required Signature/Incorporator	Date