## 17000089765 (Requestor's Name) (Address) 500305320435 (Address) (City/State/Zip/Phone #) 11/08/17--0101 --002 PICK-UP MAIL WAIT (Business Entity Name) 7 NOV -8 AN 10: (Document Number) Certified Copies Certificates of Status \_\_\_ Special Instructions to Filing Officer: Office Use Only T. BURCH 9 2017

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COVE	R LETTER	
Department of State Division of Corporations		
.O. Box 6327 allahassee FL 32314		ŧ
Conciliac, Inc.		
UBJECT: CONCINAC, ITIC.		
nclosed is an original and one (1) copy of the Co	ertificate of Domestication and a check for:	1
		1
EES:		
Certificate of Domestication Articles of Incorporation and Certified Co Total to domesticate and file	\$ 50.00 ppy <u>\$ 78.75</u> \$128.75	
PTIONAL		
Certificate of Status	\$ 8.75	
Name (pr	inted or typed)	
		.]
A	ddress	
City.	State & Zip	
Daytime Te	lephone Number	
E-mail address: (to be used for	or future annual report notification)	
NHS53 (12/12)		

## ARTICLES OF INCORPORATION

∦			In compliance with	I CHAPTER 607, F.S.		3
AR	 Ti <i>c</i>	CLE I	NAME			i
			HE CORPORATION SHALL BE:		,	
	Σģι	nciliac,	Inc.		1	
Ī	,					
			PRINCIPAL OFFICE			
THE	PR.		LACE OF BUSINESS/MAILING ADDRESS cipal Address	is: Mailing Address	I	
3 7	8		208th Terr	3789 NE 208th Terr		
Α	e	ntura	, FL 33180	Aventura, FL 33180		
	1				1	
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		CLE III				
	91 1		OR WHICH THE CORPORATION IS ORGA	NIZED:		
Al	IJХ	and	all lawful business.		_	<del>                                     </del>
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ARTICLE IV SHARES  THE NUMBER OF SHARES OF STOCK IS:	1,070		
ARTICLE V INITIAL DIRECT	ORS AND/ OR OFFICERS	1	
THE NAME(S) AND ADDRESS(ES) AND S	PECIFIC TITLES:	!	
Title/Name	Title/Name	!	
Treasurer - Hernan F	reua		<u> </u>
3789 NE 208th Terr			1
Aventura, FL 33180			<u> </u>
Title/Name	Title/Name		
			1
			1
Title/Name	Title/Name		
Title/Name	Title/Name		