

P18000040249

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18 APR 30 AM 9:24  
TALLAHASSEE, FL 32301

D O'KEEFE  
MAY - 7 2018

## COVER LETTER

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

**SUBJECT:** CYTT INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** CLAUDIN PUBIEN  
\_\_\_\_\_  
Name (Printed or typed)  
  
115 NE 193rd STREET  
\_\_\_\_\_  
Address  
  
N MIAMI BEACH, FL 33179  
\_\_\_\_\_  
City, State & Zip  
  
305-332-4426  
\_\_\_\_\_  
Daytime Telephone number  
  
ojdinc@gmail.com  
\_\_\_\_\_  
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)

**ARTICLE I NAME**

The name of the corporation shall be: CYTT INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

115 NE 193rd STREET

N MIAMI BEACH, FL 33179

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LESSOR RESIDENTIAL BLDG

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: CLAUDIN PUBIEN CEO

Address: 115 NE 193rd STREET

N MIAMI BEACH, FL 33179

Name and Title: CLAUDIN PUBIEN P

Address: 115 NE 193rd STREET

N MIAMI BEACH, FL 33179

Name and Title: CLAUDIN PUBIEN S

Address: 115 NE 193rd STREET

N MIAMI BEACH, FL 33179

Name and Title: CLAUDIN PUBIEN T

Address: 115 NE 193rd STREET

N MIAMI BEACH, FL 33179

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
18 APR 30 AM 9:21  
FALLA STREET, MIAMI

48

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: CLAUDIN PUBIEN  
Address: 115 NE 193rd STREET  
N MIAMI BEACH, FL 33179

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: CLAUDIN PUBIEN  
Address: 115 NE 193rd STREET  
N MIAMI BEACH, FL 33179

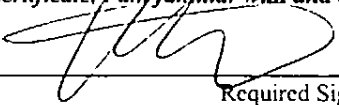
**ARTICLE VIII EFFECTIVE DATE:** 04/23/2018

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 \_\_\_\_\_ 04/21/2018  
Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 04/21/2018  
Required Signature/Incorporator Date

FILED  
18 APR 30 AM 9:29  
TALLAHASSEE, FLORIDA



APRIL 21, 2018

FROM: CLAUDIN PUBIEN

TO: FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

RE: REINSTATEMENT OF " CYTT INC

TO Whom It May Concern:

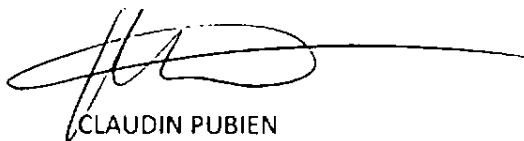
I CLAUDIN PUBIEN IS WRITING THIS LETTER PRETAINING TO BUSINESS RENEW FEE " CYTT, INC.

I CAN NOT EFFORT THE CURRENT RENEWAL FEE ISSUED TO PAY FOR REINSTATEMENT OF " CYTT, INC.

I WOULD LIKE TO KEEP THE NAME & CONTINUE DOING BUSINESS AS " CYTT, INC. I CAN ONLY EFFORT TO PAY THE \$70.00 FILLING FEE AT THIS MOMENT. PLEASE CONTACT ME IF YOU HAVE ANY QUESTION

PERTENING THIS MATTER

SINCERELY,



CLAUDIN PUBIEN

305-332-4426