

P20 000001918

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

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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REGISTRARS
COMMERCIAL
SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
CUBAYES, INC**

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

2020 JAN -9 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

1/10/20

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CUBAYES, INC**ARTICLE II PRINCIPAL OFFICE**

Principal street address

900 WEST 49TH STREET SUITE # 224HIALEAH, FL 33012

Mailing address, if different is:

900 WEST 49TH STREET SUITE # 224HIALEAH, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LONNIS MANRIQUE SANTANA

Name and Title: _____

Address PRESIDENT

Address: _____

5357 NW 159 ST UNIT # 4281HIALEAH, FL 33014

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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: LONNIS MANRIQUE SANTANA
 Address: 5357 NW 159 ST UNIT # 4281
HIALEAH, FL 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

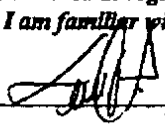
Name: LONNIS MANRIQUE SANTANA
 Address: 5357 NW 159 ST UNIT # 4281
HIALEAH, FL 33014

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/03/2020 (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

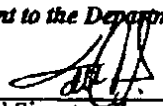


Required Signature/Registered Agent

01/03/2020

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.817.15, F.S.



Required Signature/Incorporator

01/03/2020

Date

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