

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.e>

P20000060615

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000269407 3)))



H200002694073ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
CMT CORP

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

RECEIVED
2020 AUG 10 AM 10:12
CORPORATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:CMT CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

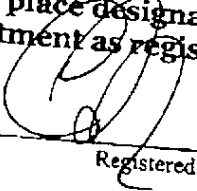
5704 SW 5 ST. Apt 7
MIAMI FL 33144**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**CLAUDIA MIRANDA RIVERO (P)LUIS A HERNANDEZ MORALES (V)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

CLAUDIA MIRANDA RIVERO
5704 SW 5 ST. Apt. 7
MIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CLAUDIA MIRANDA RIVERO
5704 SW 5 ST. Apt 7
MIAMI FL 33144

Required Signatures:

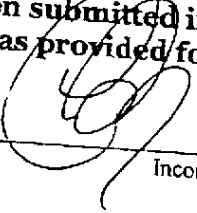
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Registered Agent8/7/20

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.



Incorporator8/7/20

Date