

9/24/2020

Division of Corporations

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
CRONUS CAPITAL PARTNERS INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: CRONUS CAPITAL PARTNERS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2120 CORPORATE SQUARE BLVD STE 12120 CORPORATE SQUARE BLVD STE 1JACKSONVILLE FL 32216JACKSONVILLE FL 32216**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: _____

_____**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DARRELL L JACKSON

Name and Title: _____

Address 1618 E 27TH STREET

Address: _____

JACKSONVILLE FL 32206

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: THE BIZNESS GROUP INCAddress: 2120 CORPORATE SQUARE BLVD STE 1JACKSONVILLE FL 32216ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: DARRELL L JACKSONAddress: 1618 E 27TH STREETJACKSONVILLE FL 32206ARTICLE VIII EFFECTIVE DATE:

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*Dwan Ashong
Required Signature/Registered Agent09/18/2020
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.817.155, F.S.*Darrell L Jackson
Required Signature/Incorporator09/18/2020
DateFILED
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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA