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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

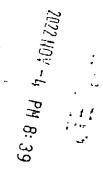
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
CHALL	HULLITESS.			

## FLORIDA PROFIT/NON PROFIT CORPORATION **CUSPIDE GROUP INC**

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

Electronic Filing Menu Corporate Filing Menu



## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

CUSPIDE GROUP INC	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
13653 <u>SW 124 AVE RD</u>	
MIAMI FL 33186	<del></del> -
	<del></del>
ARTICLE III SHARES: The number of shares of stock is: 100	<del></del>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS	<u>:</u>
ANIBAL RICARDO ARCILA MONSALVE (P)	
	<del></del>
	<del></del>
	<del></del>
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADD	RESS:
The name and Florida street address (PO Box not acceptable) of the registered	d agent is:
ANIBAL RICARDO ARCILA MONSALVE	
13653 SW 124 AVE RD MIAMI FL 33186	
	202
	NOV 22
ARTICLE VI INCORPORATOR: The name and address of the Incorp	orator is:
NIBAL RICARDO ARCILA MONSALVE	+ PM
3653 <u>SW 124 AVE RD MIAM!</u> FL 33186	
	39

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity

Registered Agent 11-04-2:022

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.

UPUC AVULAN 11-Det-2022

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