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.

(((H220004124113)))



H220004124113ABCR

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 : (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 CIEN CENTER INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is

ARTICLE II PRINCIPAL OFFICE:  The principal street address and mailing address is	
The principal street address and mailing address is	_ <del>_</del> .
The principal street address and mailing address is	
944 c	
-1170 Sin) 40 St nois 1 5	
9445 SW 40 St Miami FL 331 #101	6 4
<u> </u>	120
	33
ADTTOLETY	100
ARTICLE III SHARES: The number of shares of stock is: //	10 2 3
ARTICLE IV INITIAL DIRECTORS AND/OR OF	FICERS
	FICERS
Jesus Raul Murgado (P)	
	<del></del> ~
	<del></del>
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STRE	ET ADDRES
The name and Florida street address (PO Box not acceptable) of the	registered ager
Jesus Raul Murgado	
9445 SW 405+ Miami FL 3316	4 #10
ARTICLE VI INCORPORATOR: The name and address of t	the Incorporate
JESUS RAUL MURGAD	0
	# 101
9445 SW 40 ST MIAMI FL 33164	

## 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 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.

Incorporator Date

