

Florida Department of State  
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Division of Corporations  
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DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
CYES GROUP, CORP

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

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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

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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: CYES GROUP, CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

8180 NW 36 ST STE 321 DORAL, FL 33166ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: VICENTE EMIDIO DA SILVEIRA JUNIOR (P)

Name and Title: \_\_\_\_\_

Address 8180 NW 36 ST STE 321 DORAL, FL 33166

Address: \_\_\_\_\_

Name and Title: VERA MARTA ESPINDOLA DA SILVEIRA (VP)

Name and Title: \_\_\_\_\_

Address 8180 NW 36 ST STE 321 DORAL, FL 33166

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: A.T.PLUS OF MIAMI, INC.  
 Address: 8180 NW 36 ST STE 321 DORAL, FL 33166  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VICENTE EMIDIO DA SILVEIRA JUNIOR  
 Address: 8180 NW 36 ST STE 321 DORAL, FL 33166  
 \_\_\_\_\_

**ARTICLE 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*

*/s/ Neuza Miranda Cesar*

\_\_\_\_\_  
 Required Signature/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.*

*/s/ Vicente Emidio Da Silveira Junior*

\_\_\_\_\_  
 Required Signature/Incorporator

\_\_\_\_\_  
 Date

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