

11/16/23, 9:54 AM

Division of Corporations

## Florida Department of State

Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**CYAN LABS SA DE CV ANILLO CORP**

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T.J.H.  
11/17/23

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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: CYAN LABS SA DE CV ANILLO CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1005 SPRING GARDEN ROAD APT #751 MIAMI, FL 33136ARTICLE 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: FREDY CHARABATI ASSE (P)

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

Address 1005 SPRING GARDEN ROAD APT #751 MIAMI, FL 33136

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

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

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

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

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STATE  
OF FLORIDA  
TALLAHASSEE

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: FREDY CHARABATI ASSE

Address: 1005 SPRING GARDEN ROAD APT #751 MIAMI, FL 33136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FREDY CHARABATI ASSE

Address: 1005 SPRING GARDEN ROAD APT #751 MIAMI, FL 33136


**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*

  
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.*

  
Required Signature/Incorporator

\_\_\_\_\_  
Date

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