

P45000025043

Charter Number Only

41600  
55 MAR 29 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3-28-95 Esther  
Carlos May #1110  
Requester's Name  
999 Ponce de Leon Blvd  
Address  
Coral Gables, FL 33134  
City State Zip Phone  
446-9988

ADDITION ONLY

100001442591  
-03/29/95--01040--008  
\*\*\*245.00 \*\*\*122.50

CORPORATION(S) NAME

CYCLONE INVESTMENT CORP

- ☒ Profit  
☐ NonProfit  
☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☒ Certified Copy  
☐ Call When Ready  
☒ Walk In
- ☐ Amendment  
☐ Dissolution  
☐ Annual Report  
☐ Reservation  
☐ Photo Copies  
☐ Call If Problem  
☐ Will Wait
- ☐ Merger  
☐ Mark  
☐ Other  
☐ Change of Registered Agent  
☐ Certificate Under Seal  
☐ After 4:30  
☐ Mail Out
- ☒ Pick Up

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

3/29/95  
D

EXPIRE Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION  
OF  
CYCLONE INVESTMENT CORP.

The undersigned, acting as incorporators of a Corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such Corporation:

1. The name of the Corporation is: **CYCLONE INVESTMENT CORP.**

2. The period of duration of the Corporation is perpetual.

3. The Corporation is created for the purpose of engaging in any and all things allowed and permitted to be done under the statutes of the State of Florida, and to do any and all of the things hereinafter mentioned as fully and to the same extent as natural persons might or could do, to wit:

(a) Generally, to make and perform contract of any kind and description, and for the purpose of attaining any of the objects of the Corporation, to do and perform any other acts or things, and to exercise any and all powers which a co-partnership or natural person could do and exercise and which are now, or hereafter may be authorized by law, and generally do and perform any and all things necessary or incidental to the performing or carrying out of the powers hereinabove specifically delegated or implied.

4. **AUTHORIZED SHARES:**

**NUMBER.** The aggregate number of shares that the Corporation shall have the authority to issue is **SEVEN THOUSAND FIVE HUNDRED (7,500) SHARES of Capital Stock with a par value of One Dollar (\$1.00) per share.**

**INITIAL ISSUE.** One Hundred (100) shares of the Capital Stock of the Corporation shall be issued for cash at a par value of One Dollar (\$1.00) per share.

**DIVIDENDS.** The Holders of the outstanding capital stock shall be entitled to receive, when and as declared by the Shareholders, dividends payable either in cash, in property, or in shares of the capital stock of the Corporation.

5. The initial street address in Florida of the Initial Principal Office of the Corporation is:

999 Ponce de Leon Blvd.  
Suite 1110  
Coral Gables, Florida 33134

The name of the initial registered agent is:


CARLOS A. TRIAY

RECORDED  
MAR 29 1969  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Whose registered office is located at:

999 Ponce de Leon Blvd.  
Suite 1110  
Coral Gables, Florida 33134

The undersigned agrees to act as the registered agent for the Corporation for service of process pursuant to applicable Florida Statutes.

  
CARLOS A. TRIAY

6. The corporation shall have no directors. The business of the corporation shall be managed by the stockholders of the corporation in accordance with the Florida Statutes.

7. INITIAL OFFICERS: The Initial Officers of the Corporation are:

PRESIDENT, SECRETARY, TREASURER:

CARLOS A. TRIAY  
999 Ponce de Leon Blvd.  
Suite 1110  
Coral Gables, Florida 33134

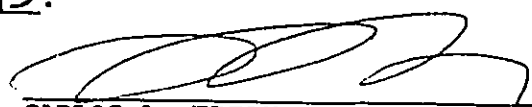
8. The names and addresses of the Initial Incorporators and subscribers are as follows:

CARLOS A. TRIAY  
999 Ponce de Leon Blvd.  
Suite 1110  
Coral Gables, Florida 33134

9. The stockholders shall have the power to adopt, amend, alter, change or repeal the Articles of Incorporation when proposed and approved at a stockholders meeting, with not less than a unanimous vote of the common stock.

10. The stockholders shall at the first meeting called for that purpose, adopt By-Laws not inconsistent with these Articles and which shall be for the government of the Corporation and subordinate to these Articles of Incorporation and the laws of the State of Florida and the United States.

IN WITNESS WHEREOF, THE UNDERSIGNED has made and subscribed to these Articles of Incorporation at Coral Gables, Florida, on the 21 day of March, 1995.

  
CARLOS A. TRIAY

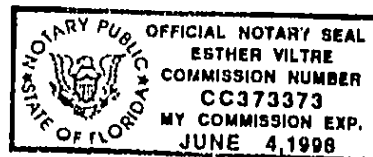
STATE OF FLORIDA  
COUNTY OF DADE

BEFORE ME, the undersigned authority, appeared CARLOS A. TRIAY, who is (are) to me known to be the person(s) described in and who subscribed to the above Articles of Incorporation, and (s)he did freely and voluntarily acknowledge before me according to law that (s)he made and subscribed the same for the purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I (we) have hereunto set my (our) hands and my (our) official seal(s), at Coral Gables, Florida, in the said County and State, this 27 day of MARCH, 1995.

Esther Viltre  
NOTARY PUBLIC

My commission expires:



CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS  
OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 607.34 Florida Statutes, the following  
is submitted, in compliance with said Act:

First-That, **CYCLONE INVESTMENT CORP.**, desiring to organize  
under the laws of the State of Florida with its principal office,  
as indicated in the articles of incorporation at City of Miami,  
County of Dade, State of Florida, has named **CARLOS A. TRIAY**,  
located at 999 Ponce de Leon Blvd., Suite 1110, City of Coral  
Gables, County of Dade, State of Florida, as its agent to accept  
service of process within this state.

ACKNOWLEDGEMENT

(Must be signed by designated agent)

Having been named to accept service of process for the above  
stated corporation, at place designated in this certificate. I  
hereby accept to act in this capacity, and agree to comply with the  
provision of said Act relative to keeping open said office.

By: 

Signature of Registered Agent

P95000025043

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Cyclone Investment Corp EIN or SS#: 65-0618193

Address: 2201 S.W. 89th  
MIAMI FL 33168

Amount: \$225.00 Date Paid 6/17/96

Reason for claim: P95000025043 over payment

Certified true and correct this 26 day of JUNE, 1996.

Signature Luis Hernandez

\* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim.	Amount of recommended refund \$ <u>225.00</u>
The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>92251040</u> dated <u>6/17/96</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>1607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>45202130001453000000022002000</u>