Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Try-Cycling, Inc.

SUBJECT:

	(Proposed corporate name - must include suffix)				
Enclosed is a	n original and one	(1) copy of the articles of incorp	·	r:	
□ \$70.00 Filing Fee	\$ \$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate		
		Additional Co	py Required		
	FROM:	Leticia Tamara			
		(Name: printed or typed)	10000	21626618	
		6649 SW 62 nd Terrace	-05,	/02/9701003002 ***78.75 *****78.75	
		(Address)			
		Miami, FL 33143		et. o	
		(City, State, Zip)			

NOTE: Please provide the original and one copy of the articles.

(Daytime Telephone Number)

MAY 5 ◀ 155B

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Ace, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I. CORPORATE NAME
The name of this corporation shall be:

Try-Cycling, Inc.

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ARTICLE II. PRINCIPAL OFFICE
The principal place of business and mailing address of corporation shall be:

6649 SW 62nd Terrace Miami, FL 33143

ARTICLE III. CORPORATE SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

200 Shares

ARTICLE IV. INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Leticia Tamara 6649 SW 62nd Terrace Miami, FL 33143

ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Leticia Tamara 6649 SW 62nd Terrace Miami, FL 33143

Vicki Luna 6649 SW 62nd Terrace Miami, FL 33143

executed these Articles of Incorporation this $2g^{rA}$ day of
<u>77</u> .
27
(Signature)
Tick luna
(Signature)
(Signature)

Notarization is not required.

NOTE: Affixing an office title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	Try-Cycling, Inc.	·
			
2.	The name and address of the regist	ered agent and office is:	'
		Leticia Tamara	ALL THAT CO
	***************************************	(Name)	1
		6649 SW 62 nd Terrace	PH 12: 24
	(P.O. Bo	ox or Mail Drop Box NOT Acceptable)	- LOR
	_	Miami, FL 33143	IDA III
		(City/State/Zip)	
at act	the place designated in this certifica t in this capacity. I further agree to	nt and to accept service of process for the tte, I hereby accept the appointment as regi comply with the provisions of all statutes i and I am familiar with and accept the obli	istered agent and agree to relating to the proper and

(Signature)