TRANSMITTAL LETTER

P980000 86178

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

LOOOO2656641---3 -10/06/98--01035--014 *****131.25 *****87.50

SUBJECT: CYDONIA ENTERPRISES, INC. (Proposed corporate name - must include suffix)				
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate PY REQUIRED	
FROM:	Mr. Frank Lyon Name (Pri	nted or typed)		-
9858 GL'ADES ROAD, SUITE 179 Address				86 SININI SIS
Boca Raton, FL 33434 City, State & Zip 305-799-6052 Daytime Telephone number				-6 OF CO

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CYDONIA ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9858 GLADES ROAD, SUITE 179, BOCA RATON, FL 33434

ARTICLE III SHARĒS

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 200,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mr. Frank Lyon, 2950 Coconut Ave., Coconut Grove, FL 33133

ARTICLE V INCORPORATOR

Signature/Incorpor

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

MR. FRANK LYON, 2950 COCONUT AVE., COCONUT GROVE, FL 33133

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Data

SECRETARY OF STATE
DIVISION OF CORPORATIONS