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

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SUBJECT:	Aspicio, Inc.		*****87.50	*****87.50	
_	(Proposed corp	orate name - must include sul	ffix)		
Enclosed is an origi	nal and one(1) copy of the artic	les of incorporation and a	check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
		ADDITIONAL CO	Status		
FROM	1: To	m Hayes Printed or typed)			
		72 South Dixie High	way Ste 536		
		Address			
	Co	ral Gables, FL 3314	46-2918		
	City	, State & Zip	ALLA ALLA	· _ · · · · · · ·	
	(30)5) 447-7699	HAS A	<u> </u>	

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

Daytime Telephone number

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: Aspicio, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Tom Hayes 1172 South Dixie Highway, Ste. 536 Corai Gables, FL 33146-2918

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Tom Hayes 1172 South Dixie Highway, Ste. 536 Coral Gables, FL 33146-2918

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tom Hayes 1172 South Dixie Highway, Ste. 536 Coral Gables, FL 33146-2918

Signature/Incorporator Mr. Tom Hayes

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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 Mr. Tom Hayes