

TRANSMITTAL LETTER

P 99000032068

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

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-04/05/99--01045--003
*****87.50 *****87.50

SUBJECT: CINATION INTERNATIONAL CORP.
(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 of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: PROSPER AZERRAF
Name (Printed or typed)

2020 N.E. 163RD Street # 107
Address

North Miami Beach, FL 33162
City, State & Zip

305-944-5665
Daytime Telephone number

FILED
APR -5 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

OF INCORPORATION

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

TICLE I NAME

le name of the corporation shall be:

CINAMON INTERNATIONAL Corp.

ARTICLE II PRINCIPAL OFFICE

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

2020 N.E. 163rd STREET #107
North Miami Beach, FL 33162

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Prosper Azeraff
2020 N.E. 163rd STREET #107 NMB FL. 33162

ARTICLE V INCORPORATOR

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

PROSPER AZERAFF
2020 N.E. 163rd STREET #107 N. Miami Beach, FL 33162

Signature Incorporator

Date

03/31/99

(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

Date

03/31/99

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TALLAHASSEE, FLORIDA