

P99000036558

TRANSMITTAL LETTER

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

SUBJECT: CYBER BRAIN CORP  
(Proposed corporate name - must include suffix)

100002846061--5  
-04/21/99--01058--014  
\*\*\*\*\*75.00 \*\*\*\*\*75.00

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: ARMANDO CIANFAGNA  
Name (Printed or typed)

8100 GENEVA CT # 434  
Address

MIAMI, FL 33166  
City, State & Zip

305-718-3602  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 APR 21 AM 9:21

FILED

299A-2106A

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

CB  
4-22-99  
2  
no  
copy

## 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:

CYBER BRAIN CORP

### ARTICLE II PRINCIPAL OFFICE

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

8100 GENEVA CT #434 MIAMI, FL 33166

### ARTICLE III SHARES

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

1000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

ARMANDO CIANFAGNA, 8100 GENEVA CT #434 MIAMI  
FL 33166

### ARTICLE V INCORPORATOR

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

ARMANDO CIANFAGNA, 8100 GENEVA CT #434 MIAMI  
FL 33166

ACianfagna

Signature/Incorporator

4/11/99

Date

(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

ACianfagna

Signature/Registered Agent

4/11/99

Date

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99 APR 21 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA