

TRANSMITTAL LETTER

P000000689245

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

500003374445-4
-08/28/00-01072-020
*****87.50 *****87.50

SUBJECT: SHAGINA, 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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 18 AM 7:40

FILED

FROM: SHAGINA, LTD.
Name (Printed or typed)

2315 N.E. 197 ST.

Address

MIAMI, FL 33180

City, State & Zip

305-5420600

Daytime Telephone number

R. CHESLER SEP 21 2000

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

4021428

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:

S H A G I N A , I N C .

ARTICLE II PRINCIPAL OFFICE

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

2315 N.E. 197 ST
N.M.B. FL. 33180

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAYIR MARIANOWSKY
2315 N.E. 197 ST
N.M.B. FL. 33180

ARTICLE V INCORPORATOR

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

Jayir Marianowsky
2315 N.E. 197 ST
N.M.B. FL. 33180

Signature/Incorporator/Registered Agent

Date

08 09/18/2000

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 18 AM 7:40

FILED