

P04000049693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

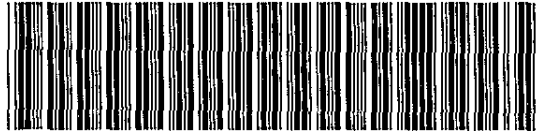
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SARDINAS DEVELOPMENT, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

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NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SARDINAS DEVELOPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

**1821 PONCE DE LEON BLVD # 296
CORAL GABLES, FL 33134**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**MIKE SARDINAS
1775 SW 16 AVE
MIAMI, FL 33145**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

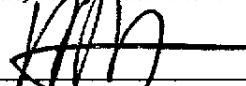
**MIKE SARDINAS
1775 SW 16 AVE
MIAMI, FL 33145**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


**MIKE SARDINAS
1775 SW 16 AVE
MIAMI, FL 33145**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

18 MAR 04
Date



Signature/Incorporator

18 MAR 04
Date

04 MAR 19 AM 8:31
STATE
SECRETARY
TALLAHASSEE, FLORIDA