## P10000022600

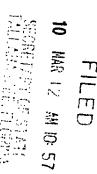
(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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7-15-10

## **COVER LETTER**

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

SUBJECT: Sensen	Inc.		
	(PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: <u>Kri</u>	sty Irene Osorio		
	Name	(Printed or typed)	
635	1 Seven Springs Blvd., Apt. D		
	A	ddress	
Gre	enacres, FL 33463		
	City, S	State & Zip	
(56	1) 373-0432		
	Daytime Te	lephone number	
krisi	yo@projectcla.com E-mail address: (to be used	for future annual report i	notification)
۳	NOTE: Please provide the or	iginal and one copy of	-the articles.

## **ARTICLES OF INCORPORATION**

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

ARTICI	Æ I	NAM	B

The name of the corporation shall be:

301301 an 10.	
	5.48 <b>5</b>
ARTICLE II PRINCIPAL OFFICE	트립 _
The principal street address and mailing address, if different is:	ムり種類コ
6351 Seven Springs Blyd., A	pt. D
Green acres FL 33463	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	5
Description	57
Business	
ARTICLE IV SHARES	
The number of shares of stock is:	
100 Shares	
100 mires	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	•
List name(s), address(es) and specific title(s):	
Kristy Irene Osorio 6351 Seven Springs Blvd 6rechacres, FL 33463	and T
6351 Seven Springs Klvd	", H.D. D
Greenacres, FL 33462	•
ARTICLE VI REGISTERED AGENT	,
The name and Florida street address (P.O. Box NOT acceptable) of the re-	gistered agent is:
Knisty Irene Osonio	
6351 Seven Springs B	slvd., Hot.D
Greenacres, FL 33463	, ,
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	_
Vrigu Irene Csy	$\mathcal{M}$
I DEL SOURN STORE	SERVA ADTI
6531 36491 31411	D 0 100, 174
The name and address of the Incorporator is:  Kristy Irene Csx  6351 Seven Sprin  Greenacres, FL 3346	25
Having have named as surjetund agent to assent semiles of success for	
Having been named as registered agent to accept service of process for a place designated in this certificate, I am familiar with and accept the ap	ne above stated corporation at the
agree to act in this capacity	ponuncia as registeres agent una
X Youster J. Uspin	03/01/10
Signature/Registered Agent	Date
X (Krista) () uni	02/01/10
3lgnsture/incorporator	Date
~ <i>i</i>	