

P11000012899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

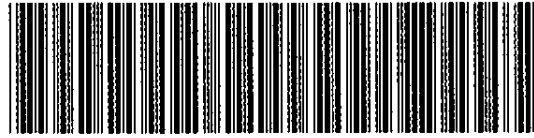
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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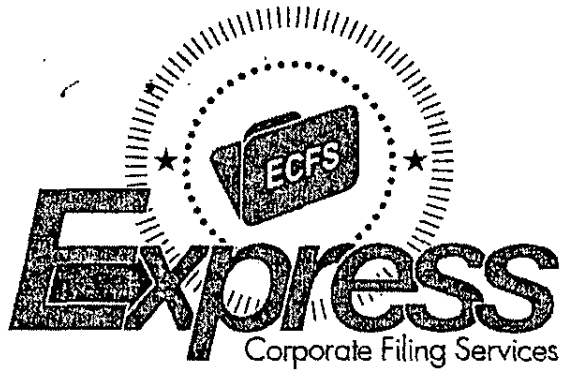
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
11 FEB -7 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 FEB -7 AM 8:13

Ps 4844



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

OFFICE USE ONLY

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

1. Shacia, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick-up time \_\_\_\_\_    
  Certified Copy  
 Mail out    
  Will wait    
  Photocopy    
  Certificate of Status

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)

FILED

11 FEB -7 AM 8:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:  
SHACIA INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
6720 W. FLAGLER ST  
MIAMI, FL 33144

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
NAY AND ALL LAWFUL BUSINES

**ARTICLE IV SHARES**

The number of shares of stock is:  
SHARES: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
MAYRA N. RODRIGUEZ (P/S)  
ALEJANDRO J. FUERTE (V/T)  
6720 W. FLAGLER ST  
MIAMI, FL 33144

**ARTICLE VI REGISTERED AGENT**


The name and Florida street address of the registered agent is:  
MAYRA N. RODRIGUEZ  
6720 W. FLAGLER ST  
MIAMI, FL 33144

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
ALEJANDRO J. FUERTE  
MAYRA N. RODRIGUEZ  
6720 W. FLAGLER ST  
MIAMI, FL 33144

\*\*\*\*\*

*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

Feb. 04, 2010  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

Feb. 04, 2010  
\_\_\_\_\_  
Date