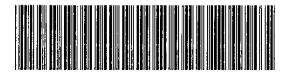
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(Requestor's Name)				
(Address)				
(Address)				
•				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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7. 34 AND 55 564

COVER LETTER

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

SUBJECT: SELENT CORP.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
√ \$70.00 √ \$78.75	\$78.75 \square \$87.50
Filing Fee Filing Fee	Filing Fee Filing Fee,
& Certificate of Status	& Certified Copy Certified Copy
	& Certificate of
	Status ADDITIONAL COPY REQUIRED
	The state of the s
FROM: Alberto Primavesi	
Name	(Printed or typed)
4620 Sw. 11 St.	201
1020 GW. 11 Gt.	Address AHAR 18
	SO I
Miami Florida 33134	1
City,	State & Zip
<u>305.905</u> .6790	
Daytime To	elephone number 5
<u>aprimavesi@gmail.com</u> E-mail address: (to be used	for future annual report notification)

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

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

ARTICLE I	NAME SELENT II Corporation shall be:		
The name of the o	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE	N Call No.	1.1 :C 4:CC :a.
	Principal street address	Mailing a	ddress, if different is:
	4620 sw 11 st Miami Florida 33134		
	IVIIami Florida 33 134		
ARTICLE III			
	which the corporation is organized is:		
Real Estate	Investment		
ARTICLE IV			
The number of sh	ares of stock is:100		
	INITIAL OFFICERS AND/OR DIRECTO		
Address:	4620 sw 11 st	Address:	
Addiess.	Miami Fl 33134		
	NIERTO I TOTAL		
Name and	Title: <u>Rocio Sullivan - Vice-President 33</u>	% Name and Title:	
Address:	4620 sw 11 st		
	Miami Fl 33134		
Name and	Title: Alberto Primavesi - Director 33%	Name and Title:	
Address:	4620 sw 11 st	Address:	
	Miami FI 33134		
4 DØJGI D 17	DECIGORDED ACENT		26
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Alberto Primavesi		MAR MAR
Address:	4620 sw 11 st	<u></u>	AS 20
	Miami Fl 33134		o p
ARTICLE VII			
	ddress of the Incorporator is:		
Name:	Alberto Primavesi		
Address:	4620 sw 11 st Miami FI 33134	<u> </u>	» 6
Havina hoon na	med as registered agent to accept service of proce	ess for the above stated corn	oration at the place designated i
this certificate. I	am familiar with and accept the appointment as re	gistered agent and agree to o	act in this capacity
······		0 0	1 /
			2/18/2011
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein ar	re true. I am aware that the	false information submitted in
document to the	Department of State constitutes a third degree felo	ny as provided for in s.817.1.	55, F.S. / /
			1/18/00
	Parison Control		Data Data
	Required Signature/Incorporator		Date