

P15000083231

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H15000241756 3)))



H150002417563ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**SAETA CHANG INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

15 OCT - 8 PM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 OCT - 8 PM 4:06

H15000241756

**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: SAETA CHANG INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

11190 SW 107 ST

APT 209

MIAMI FLORIDA 33176

Mailing address, if different is:

10862 SW 104 ST

MIAMI

FLORIDA 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUISNESSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100 SHARES @ 1.00 PER VALUE

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

Name and Title: PRESIDENT ALEIANDRO J CHANG

Address: 11190 SW 107 ST

APT 209

MIAMI FLORIDA 33176

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: SEC TERESA GUEVARA DE CHANG

Address: 11190 SW 107 ST

APT 209

MIAMI FLORIDA 33176

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15 OCT -8 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

H15000241756

H15000241756

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALEJANDRO J CHANG  
Address: 11190 SW 107 ST APT 209  
MIAMI FLORIDA 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TERESA GUEVARA DE CHANG  
Address: 11190 SW 107 ST APT 209  
MIAMI FLORIDA 33176

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

X [Signature] \_\_\_\_\_ 10/06/2015  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

X [Signature] \_\_\_\_\_ 10/06/2015  
Required Signature/Incorporator Date

H15000241756