

P 04000165585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

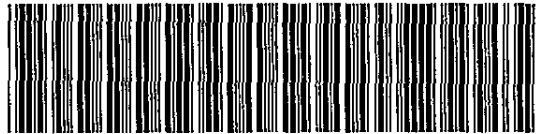
(Document Number)

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Special Instructions to Filing Officer:

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40786

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11/01/04--01021--022 \*\*78.75

FILED  
04 DEC -9 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-09-04  
B.

## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_

SHACLAIR Financial Services  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: \_\_\_\_\_

Shari Bula

Name (Printed or typed)

5 Island Ave Suite 4B

Address

Miami Beach, FL 33139

City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

RECEIVED

04 DEC -9 AM 10:02

November 5, 2004

SHARIF BULA  
5 ISLAND AVE STE 4B  
MIAMI BEACH, FL 33139

SUBJECT: SHACLAIR FINANCIAL SERVICES  
Ref. Number: W04000040786

We have received your document for SHACLAIR FINANCIAL SERVICES and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

**An effective date may be added to the Articles of Incorporation if a 2005 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 604A00063646

**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:

SHACLAIR FINANCIAL SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5 ISLAND AVE, SUITE 4B  
MIAMI BEACH, FL 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

FINANCIAL SERVICES

**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):

SHARIF BULA  
5 ISLAND AVE, SUITE 4B  
MIAMI BEACH, FL 33139

**ARTICLE VI REGISTERED AGENT**

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

SHARIF BULA  
5 ISLAND AVE, SUITE 4B  
MIAMI BEACH, FL 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SHARIF BULA  
5 ISLAND AVE, SUITE 4B  
MIAMI BEACH, FL 33139

\*\*\*\*\*

*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

10/11/04

Date

Signature/Incorporator

10/11/04

Date

FILED  
04 DEC -9 PM 2:58  
CLERK OF STATE  
TALLAHASSEE, FLORIDA