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2007 MAY 15 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: SYSONe CORPORATION  
(Proposed corporate name - must include suffix)

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

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$70.00<br>Filing Fee | <input checked="" type="checkbox"/> \$78.75<br>Filing Fee<br>& Certificate | <input type="checkbox"/> \$122.20<br>Filing Fee<br>& Certified Copy | <input type="checkbox"/> \$131.25<br>Filing Fee,<br>Certified Copy<br>& Certificate |
|--|--|---|---|

FROM: RAMON QUIARO  
Name (Printed or typed)

5310 NW 114 AVE #106  
Address

MIAMI, FLORIDA 33178  
City, State & Zip

(305) 298 0651  
Daytime Telephone Number

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

# ARTICLES OF INCORPORATION

*The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 607, Florida Statutes, adopt(s) the following Articles of Incorporation:*

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TALLAHASSEE, FLORIDA

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## ARTICLE I Name

The name of the corporation shall be:

SYSONe CORPORATION

## ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

5310 NW 114 AVE #106

MIAMI, FLORIDA 33178

## ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA

## ARTICLE IV

The officers of the corporation shall be:

President: RAMON QUIARO  
Secretary: DANIEL GALANTI  
Treasurer: RAMON QUIARO

Filing Fee &  
CERTIFICATE: \$78.75

**ARTICLE V**

**Limitation of Corporate Powers**

The corporate powers of the corporation are as provided in Section 607 Florida Statutes, unless limited as follows:

The Corporation shall have the same powers as an individual to do all things necessary or convenient to carry out its business and affairs, subject to any limitations or restrictions imposed by applicable law or these Articles of Incorporation.

**ARTICLE VI**

**Initial registered agent and street address**

The name and the street address of the initial registered agent is:

RAMON QUIARO

5310 NW 114 AVE #106

MIAMI, FLORIDA 33178

**ARTICLE VII**

**Incorporators**

**See instructions for officers/directors**

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is (are):

RAMON QUIARO

5310 NW 114 AVE #106

MIAMI, FLORIDA 33178

**ARTICLE VIII**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1,000 Shares.

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 11TH day of MAY 2007 .

Signature(s) of incorporator(s):



RAMON QUIARO

Typed name of incorporator signing

\_\_\_\_\_  
Typed name of incorporator signing

**ARTICLE IX**

These Articles of Incorporation shall be effective immediately upon approval of the Secretary of the State of Florida.

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SYSONe CORPORATION  
(must include suffix)

2. The name and address of the registered agent and office is:

RAMON QUIARO  
(Name)

(Street address - P.O. Box or Mail Drop Box NOT acceptable)

5310 NW 114 AVE #106 Miami, FL 33178  
(City/State/Zip)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Signature)

05/11/07  
(Date)

2007 MAY 15 PM 12: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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