P15000067272

(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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2015 AUG -6 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/11

COVER LETTER

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

SUBJECT: SINTEQ5, Inc.
(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: STEFANO FALBO
Name (Printed or typed)

5151 Collins Avenue, Suite 932
Address

Miami Beach, Fl. 33140
City, State & Zip

305-867-9539
Daytime Telephone number

kfalbo@atlanticbb.net
E-mail address: (to be used for future annual report notification)

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 22, 2015

STEFANO FALBO
5151 COLLINS AVENUE
SUITE 932
MIAMI BEACH, FL 33140

SUBJECT: SINTEQ5, INC.
Ref. Number: W15000049066

We have received your document for SINTEQ5, INC. 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return 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) 245-6052.

Carol Mustain
Regulatory Specialist II

Letter Number: 315A00015336

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: SINTEQ5, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address	Mailing address, if different is:
5151 Collins Avenue, suite 932	
Miami Beach, Fl. 33140	

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: to engage in any and all lawful business or activity permitted under the laws of the United States and the State of Florida.

To generally have and exercise all powers, rights and privileges necessary and incident to carrying out properly the objects herein mentioned.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 1,000.00 c. stocks with 0.10 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonella Fungo Falbo - DPS	Name and Title:
Address 5151 Collins Avenue, 932	Address:
Miami Beach, Fl. 33140	
Name and Title: Stefano Falbo - DVT	Name and Title:
Address 5151 Collins Avenue, 932	Address:
Miami Beach, Fl. 33140	
Name and Title:	Name and Title:
Address	Address:

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: STEFANO FALBO

Address: 5151 Collins Avenue, Suite 932

Miami Beach, Fl. 33140

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: STEFANO FALBO

Address: 5151 Collins Avenue, Suite 932

Miami Beach, Fl. 33140

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

Stefano Falbo July 29, 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.

Stefano Falbo July 29, 2015

Required Signature/Incorporator Date