

P18000092830

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CLERK OF SUPERIOR COURT
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NOV 14 2018

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 481297 8186030

AUTHORIZATION :



COST LIMIT : \$ 70.00

ORDER DATE : November 12, 2018

ORDER TIME : 2:36 PM

ORDER NO. : 481297-005

CUSTOMER NO: 8186030

DOMESTIC FILING

NAME: SAJ ADVISORS, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: SAJ ADVISORS, 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: MICHAEL MANDEL

Name (Printed or typed)

5640 PINE TREE DRIVE

Address

MIAMI BEACH, FLORIDA 33140

City, State & Zip

(917) 593-1644

Daytime Telephone number

michael.mandel@sajadvisors.com

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

The name of the corporation shall be: SAJ ADVISORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5640 PINE TREE DRIVE

MIAMI BEACH, FL 33140

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which
corporations may be incorporated in this state

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL MANDEL, PRESIDENT

Name and Title: _____

Address 5640 PINE TREE DRIVE

Address: _____

MIAMI BEACH, FL 33140

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI

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: MICHAEL MANDEL

Address: 5640 PINE TREE DRIVE

MIAMI BEACH, FL 33140

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael T. Mazzone

Address: 1600 N Bethlehem Park, N200

Lower Gwynedd, PA 19002

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 days prior or 90 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.

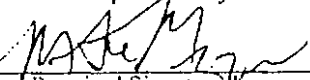
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

By: 
Required Signature/Registered Agent

11/5/2018
Date

MICHAEL MANDEL

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.


Required Signature/Incorporator

11-13-18
Date

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STATE OF FLORIDA
DEPARTMENT OF STATE