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From:			, c
	Account Number	: EXPRESS CORPORATE FILING SERVICE INC. : 120000000146	
	Phone Fax Number	: (305)444-4994 : (305)444-4977	i i i i i i i i i i i i i i i i i i i

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FLORIDA PROFIT/NON PROFIT CORPORATION SYKI CORP

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October 8, 2019

FLORIDA DEPARTMENT OF STATE

EXPRESS CORPORATE FILING SERVICES INC

SUBJECT: SYKI CORP REF: W19000089350

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

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet. I certify from the records of this office that SYKI CORP, is a corporation organized under the laws of the State of Florida, filed on October 7, 2019.

The document number of this corporation is W19000089350.

I further certify that said corporation has paid all fees due this office through December 31, , and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code, 419A00020605-100819-W19000089350-1/1, noted below.

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.

Keyna E Page Regulatory Specialist II FAX Aud. #: H19000297774 Letter Number: 419A00020605

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal <u>street</u> address		Mailing addr	ess, if different is:
3250 NW 25TH ST	REET STE: 202		
HAMI, FL 33172			
RTICLE III PUR ne purpose for which	POSE n the corporation is organized is: ANY AND		
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			190CT
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RTICLE IV SHA		· 	8
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Name and Title:		Name and Title:	
Addres.	s	Address:	
	REGISTERED AGENT loridin street address (P.O. Box NOT acceptable)	e) of the registered agent is.	
me:	SAMIR ASAAD		
dress:	13250 NW 25TH STREET STE: 202		
	MIAMI, FL 33172	*********	
nieda esada.			
	INCORPORATOR		
name and a	ddress of the Incorporator is:		
Name:	SAMIR ASAAD		
Address:	13250 NW 25TH STREET STE: 202		
	MIAMI, FL 33172		
			
TICLE VIII	EFFECTIVE DATE:		
ective date, it an effective (ng.)	other than the date of filing:		
•	inversed in this black door to marking matica	able statutory filing requirements, this date will not be listed a	
document's e	offective date on the Department of State's recor	ds.	15
		A/A	
eng baen nai certificate, l	ned as registered agent to accept service of pro am familiar with and accept the appointment as	cess for the above stated corporation at the place designated registered agent and agree to act in this capacity	f in
	11 Marian	(10/02/2019	
	Required Signature/Registered Agent	Date	
bmit the doc ument to the	cument and affirm that the facts stated herein Department of State constitutes a third degree fi	are true. I implicate that the false information submitted in the submitte	a a
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