

P03000008342

(Requestor's Name)

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(City/State/Zip/Phone #)

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PICK-UP

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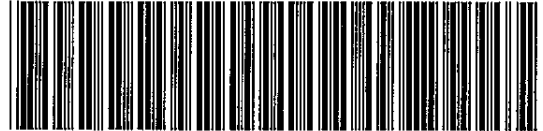
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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VI
03-03

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SAVA F1 GROUP, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

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2.00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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ARTICLES OF INCORPORATION SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SAVA F1 GROUP, INC.

ARTICLE I

THE NAME OF THE CORPORATION IS:
SAVA F1 GROUP, INC.

ARTICLE II

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

ARTICLE III

THE MAXIMUM NUMBER OF SHARES OF CAPITAL STOCK THAT THE CORPORATION IS AUTHORIZED TO ISSUE IS 100 SHARES AT \$1.00 PAR VALUE.

ARTICLE IV

THE AMOUNT OF CAPITAL WITH WHICH THE CORPORATION WILL BEGIN BUSINESS IS THE SUM OF \$100.00

ARTICLE V

THE CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS SOONER DISSOLVED ACCORDING TO LAW, AND ITS EXISTENCE SHALL COMMENCE UPON FILING.

ARTICLE VI

THE STREET ADDRESS IF THE PRINCIPAL OFFICE OF THE CORPORATION IN THIS STATE SHALL BE:

18050 SW 142 CT. MIAMI, FL. 33177
Telephone 305-971-5153 FAX # 786-293-0292

ARTICLE VII

THE NAMES AND ADDRESSES OF THE PERSONS SIGNING THESE ARTICLES ARE:

NAMES	ADDRESS
ALEJANDRO CHAPARRO	18050 SW 142 Ct. Miami, Fl. 33177
SONIA VELASQUEZ	18050 SW 142 Ct. Miami, Fl. 33177

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII

THE CORPORATION SHALL HAVE A BOARD OF DIRECTORS CONSISTING OF NOT LESS THAN TWO OR MORE THAN THREE DIRECTORS. THE INITIAL BOARD OF DIRECTORS SHALL CONSIST OF TWO DIRECTORS WHOSE NAMES AND ADDRESSES ARE AS FOLLOWS:

	NAMES	ADDRESSES
D/P	51% Alejandro Chaparro	18050 SW 142 Ct. Miami, Fl. 33177
D/VP	29% Sonia Velasquez	18050 SW 142 Ct. Miami, Fl. 33177
D/S	Angelica M. Gonzalez	18050 SW 142 Ct Miami. Fl. 33177
D/T	20% Victor Velasquez	ARTICLE IX 18050 SW 142 Ct. Miami Fl. 33177

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE, AND THE NAME OF THE INITIAL REGISTERED AGENT AT THAT ADDRESS SHALL BE:

NAME	ADDRESS
SONIA VELASQUEZ	18050 SW 142 Ct. Miami, Fl. 33177
S.S.#595-29-1831	

IN WITNESS WHEREOF, THESE ARTICLES OF INCORPORATION HAVE BEEN EXECUTED THIS 22ND - - DAY OF JANUARY, 2003.-


ALEJANDRO CHAPARRO
INCORPORATOR


SONIA VELASQUEZ
INCORPORATOR AND, REGISTERED AGENT

HAVING BEEN NAMED TO ACCEPT SERVICES OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I, HEREBY ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISION OF SAID ACT RELATIVE TO KEEPING OPEN SAID OFFICE.

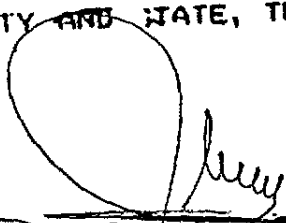
STATE OF FLORIDA)
)
COUNTY OF DADE) SS

SONIA

I HEREBY CERTIFY THAT ALEJANDRO CHAPARRO & VELASQUEZ TO ME PERSONALLY KNOWN, THIS DAY ACKNOWLEDGE BEFORE ME THAT THEY EXECUTED THE FOREGOING ARTICLES OF INCORPORATION, AND I FURTHER CERTIFY THAT THE SAID PERSONS MAKING SAID ACKNOWLEDGMENT TO BE THE INDIVIDUAL DESCRIBED IN AND EXECUTED THE SAID INSTRUMENT.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND
OFFICIAL SEAL IN SAID COUNTY AND STATE, THIS - 22ND
DAY OF JANUARY, 2003




~~NOTARY PUBLIC, STATE OF FLORIDA~~

MY COMMISSION EXPIRES: