

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
THE SARKRIS GROUP INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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CORPORATIONS
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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JUL 03 2018

K. Brumbley

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: THE SARKKRIS GROUP INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3584 111TH TERRACE, SUNRISE, FL 33351

Mailing address, if different is:
3584 111TH TERRACE, SUNRISE, FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: general

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOUIS BARANI, DIR

se and Title: _____

Address 3584 111TH TERRACE
SUNRISE, FL 33351

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: LOUIS BARANI
Address: 3584 111TH TERRACE, SUNRISE, FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOUIS BARANI
Address: 3584 111TH TERRACE
SUNRISE, FL 33351

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

(+)

Louis Barani

Required Signature/Registered Agent

June 26, 2018

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.

(+)

Louis Barani

Required Signature/Incorporator

June 26, 2018

Date

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: LOUIS BARANI
Address: 3584 111TH TERRACE, SUNRISE, FL 33351

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The name and address of the Incorporator is:

Name: LOUIS BARANI
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SUNRISE, FL 33351

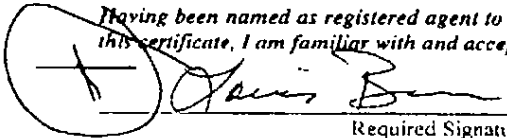
ARTICLE VIII EFFECTIVE DATE:

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.

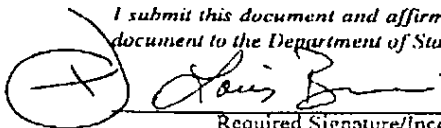
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June 26, 2018
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Required Signature/Incorporator

June 26, 2018
Date