

TRANSMITTAL LETTER

P000000008377

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

SUBJECT:

SEI PRONET INC.

(Proposed corporate name - must include suffix)

Enclosed is 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:

MARIA ANGELA GARCIA

Name (Printed or typed)

30 NW 17 CT

Address

MIAMI

FLORIDA

33125

City, State & Zip

(305)

593.8287

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JAN 19 AM 9:33

FILED

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-01/19/00--01061--009

*****78.75 *****78.75

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

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ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SELLPRONET INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

30 NW 17CT, MIAMI, FLORIDA. 33125

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

ANGELA GARCIA
30 NW 17 COURT, MIAMI, FLORIDA 33125

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

ANGELA GARCIA
30 NW 17 COURT, MIAMI, FLORIDA 33125

Maria Angela Garcia

Signature/Incorporator

JUN 7, 1999

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Maria Angela Garcia

Signature/Registered Agent

JUN 7, 1999

Date

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00 JAN 19 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA