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

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SUBJECT:	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed is an origin	nal and one(1) copy of the article	es 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
		ADDITIONAL CO	Status
FROM		R. DEXX	7(Z
	2557 CAMPLOT CT.		
COOPER CITY FL33026 City, State & Zip			26

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

Daytime Telephone number



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: SICHIEC PRINCIPAL OFFICE ARTICLE II The principal place of business/mailing address is: COMINICA ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: CAPLE/PHONE IBSTALLER ARTICLE IV **SHARES** The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): REGISTERED AGENT The name and Florida street address of the registered agent is: DOMBUAS RIPEDNIS concelor or, FLA 33026 INCORPORATOR The name and address of the Incorporator is: B, DEDUIS 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

Signature/Registered Agent

Signature/Incomporator