1000030756

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

SUBJECT:	S, A. G. E. LINA PROPOSED CORPORA	NCIAC SALU TE NAME - MUST INCL	Of Miami UDE SUFFIX
Enclosed is an orig	inal and one(1) copy of the article	es of incorporation and a	a check for :
370.00	5 \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL COPY REQUIRED	
FROM	M: SowiA (P) Name (P)	rinted or typed) Address State & Zip	OI MAR 21 PH 3: 5K
	City,	-	0752-63 14
	301 Davtime T	5-269-89 elephone number	05.
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DATE 03-26-0			
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\mathcal{O}	NOTE: Please provide the or	iginal and one copy of	f the articles.

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: S. A. G. E. Financiae Selluices, Inc. Es = 1
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Montgages - # want to some the poblic for nonts ages of For have ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): Sonia Batista 9460 Sw 815 floor 7140; 87 33173
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: South Batista 9460 20 8157.
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Sowia BAtista 9460 sw 8157. OiAni G 33173

Signature/Registered Agent Date 3-/2-/ Signature/Incorporator Date
Signature/pacorporator Date