## TRANSMITTAL LETTER

## PO100035184

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

200003892932--7 -03/22/01-01072-007

SUBJECT: S	ECAA CORP.				1 <del></del>
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		-
Enclosed is an original	il 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	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	XX \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	Andrae Bouie			_	
22017.	Name (Printed or typed)			0-	<del></del>
	10295 SW 182 Street			善 五	=
Address				11 E	=
	Miami, FL 33157				٧.
City, State & Zip			AND	4: 35 35	
	(305) 969-1517			<b>~</b> ,	. <del>-</del>

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:		
SECAA CORP.		
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	TAI SE	0.1
22157		

10295 SW 182nd Street, Miami, FL

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is:

n/a

ARTICLE IV SHARES

The number of shares of stock is:

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:

Andrae Bouie 18120 SW 103 Ave. Miami, FL 33157

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Andrae Bouie 18120 SW 103 Ave. 33157 Miami, FL

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/Incorporator

3/12/0/ Date 3/12/0/