6 1000036909

EXFRESS CORPORATE FILING SERVICE INC. (Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101
(Address)

CORAL GABLES, FL 33134 305-444-4994 (City, State, Zip) (Phone #)

OLIVEN DE STATE STATE OF STATE

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

(Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certifi	•
(Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Document #) (Document #) (Document #) (Profit Mail out Will wait Photocopy Certific NEW FILINGS AMENDMENTS Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	
(Corporation Name) Walk in Pick up time Certific Mail out Will wait Photocopy Certific NEW FILINGS AMENDMENTS Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	700003992397- -04/11/010103201 ******78.75 ******78
Walk in Pick up time Certific Mail out Will wait Photocopy Certific NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	******78.75 *** ****78
Mail out Will wait Photocopy Certific NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	
NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	ied Copy
Profit Amendment NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	cate of Status
NonProfit Resignation of R.A., Officer/Direct Limited Liability Change of Registered Agent	
Limited Liability Change of Registered Agent	DEPARTIVITY OF THE PROPERTY OF
	APR SANT
Domestication Dissolution/Withdrawal	
	of Em
Other Merger	STATE RATION OF ILING

OTHER FILNGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

YR 4/11

Examiner's Initials

ARTICLES OF INCORPORATION

OF

SEGADE INTERNATIONAL CORP

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

ARTICLE I NAME

The name of corporation shall be:

SEGADE INTERNATIONAL CORP



ARTICLE II PRINCIPAL OFFICE

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

51 N SHORE DRIVE # 6 MIAMI BEACH, FL. 33141

ARTICLE III SHARES

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

600 Shares of Common Stock at \$1.00 Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

INDIRA SEGADE-UVA 51 N SHORE DRIVE # 6 MIAMI BEACH, FL. 33141

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Digna Encalada De Segade

Indira Segade-Uva

Antonio Segade

51 N Shore Dr # 6

51 N Shore Dr # 6

51 N Shoe Dr # 6

Miami Beach, Fl 33141

Miami Beach, Fl. 33141

Miami Beach, Fl. 33141

ARTICLES VI DIRECTOR(S)

The name(s) and street address(es) of the Director(s) is (are)

President/Director
Digna Encalade De Segade
51 N Shore Dr # 6
Miami Beach, Fl 33141
60 % of Ownership

Vice-president/Director Indira Segade-Uva 51 N Shore Dr # 6 Miami Beach, FI 33141 20% of Ownership Secretary/Director Antonio Segade 51 N Shore Dr # 6 Miami Beach, Fl 33141 20% of Ownership

Signature

The undersigned incorporator(s) has(have) executed these Articles of Incorporation This 30th day of March 2001.

<u>CERTIFICATE OF DESIGNATION</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

- 1. The name of the corporation is: <u>SEGADE INTERNATIONAL CORP</u>
- 2, The name and address of the registered agent and office is:

Indira Segade-Uva NAME

51 N Shore Dr # 6
P.O. BOX NOT ACEPTABLE

Miami Beach, Fl 33141

OI APR 11 PM 3:38
SECKE JAKY OF STATE
TALLAHASSEE, FLORID

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.

Signature

Date: March 30, 2001