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(850) 681-6528

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01 JUN 15 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HOLD
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851731/7875C

June 14, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Sibkal Corp.

P010000059931

Filing Evidence

- ☐ Plain/Confirmation Copy
☒ Certified Copy

Type of Document

- ☐ Certificate of Status
☐ Certificate of Good Standing
☐ Articles Only
☐ All Charter Documents to Include Articles & Amendments
☐ Fictitious Name Certificate
☐ Other

Retrieval Request

- ☐ Photocopy
☐ Certified Copy

NEW FILINGS	
X	Profit
	Non Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 15 AM 10:02
NOT RECORDED
NO ACKNOWLEDGE
NO AGENCY OF FILING

W01-13765

000004422050--7
-06/15/01--01033--014
*****78.75 *****78.75

J. BRYAN JUN 15 2001



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

June 15, 2001

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

SUBJECT: SIBKAL CORP.
Ref. Number: W01000013765

We have received your document for SIBKAL CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

The document must contain written acceptance by the registered agent, (i.e. hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6052.

Joey Bryan
Document Specialist
New Filing Section

Letter Number: 601A00036727

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 15 PM 2:02
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TO ACHIEVE
SUFFICIENCY OF FILING

Articles of Incorporation Of

① Sibkal Corp.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of ② Florida, hereby certifies as follows:

ARTICLE I CORPORATE NAME & Principal Place of Business

The name of the Corporation is ① Sibkal Corp.

The Corporation's principal place of business is 3801 S Ocean Dr, Suite 8G, Hollywood, Florida 33019.

ARTICLE II INITIAL OFFICE AND AGENT

The address of this Corporation's initial registered office and the name of its original registered agent at such address is:

③ Kalman Shmueli

3801 So. Ocean Dr. #8g, Hollywood, Fl 33019

ARTICLE III PURPOSES

The purpose of the Corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Laws of the State of ② Florida.

ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$1.00 par value stock.

ARTICLE V
CORPORATION BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, but By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

ARTICLE VI

LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of ② Florida
any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or
any third party for breach of duty of care; such potential liability is hereby eliminated

ARTICLE VII BOARD OF DIRECTORS


The name and address of each person serving as a member of the initial Board of Directors are:

④ Kalman Shmueli
3801 So. Ocean Dr. #8g
Hollywood, Fl 33019

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TALLAHASSEE, FLORIDA

⑤ Kalman Shmueli
3801 So. Ocean Dr. #8g
Hollywood, Fl 33019

I hereby am familiar with and accept the duties and responsibilities as Registered Agent.

9 INCORPORATORS:

 Signature Registered Agent

Signature

STATE OF) FLORIDA
COUNTY OF) BROWARD

Notary Public

My commission expires:

18