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# FILED 061897

## AZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. SAWGRASS 2 & 2 CORP.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

NOT RECORDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

2001 JUN 21 AM 10:49

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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01 JUN 21 PM 12:35  
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TALLAHASSEE FLORIDA

| NEW FILINGS                         |                   |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit            |
| <input type="checkbox"/>            | NonProfit         |
| <input type="checkbox"/>            | Limited Liability |
| <input type="checkbox"/>            | Domestication     |
| <input type="checkbox"/>            | Other             |

| AMENDMENTS               |                                       |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment                             |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent            |
| <input type="checkbox"/> | Dissolution/Withdrawal                |
| <input type="checkbox"/> | Merger                                |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION          |                     |
|-------------------------------------|---------------------|
| <input checked="" type="checkbox"/> | Foreign             |
| <input checked="" type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement       |
| <input checked="" type="checkbox"/> | Trademark           |
| <input type="checkbox"/>            | Other               |

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-06/21/01--01041--006  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

## ARTICLES OF INCORPORATION

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 the corporation shall be:

SANGRASS 2 & 2 CORP.

### ARTICLE II - PRINCIPAL OFFICE

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

9349 ARBORWOOD CIRCLE

DAVIE FL 33328

### ARTICLE III - SHARES

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

100 -

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

BEATRIZ CIDAD

9349 ARBORWOOD CIRCLE

DAVIE FL 33328

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

9349 ARBORWOOD CIRCLE

DAVIE FL 3328

BEATRIZ CIDAD

The undersigned incorporator has executed these Articles of Incorporation this 20 day of JUNE 20    

Beatriz Cidada  
Signature

ARTICLE VI- DIRECTOR(S)

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

50% BEATRIZ CIDAD 9349 ARBORWOOD CIRCLE  
VICE - PRESIDENT DAVIE FL 33328

50% CARMEN CIDAD 2567 CORDOBA BEND  
PRESIDENT WESTON FL 33327

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Beatriz Cidada  
Registered Agent Signature

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