

FD/1000 95442

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EXPRESS 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 #)

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-10/01/01--01040--022
****148.75 *****78.75

OFFICE USE ONLY

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

- Shadow Data Service, INC
(Corporation Name) (Document #)
- (Corporation Name) (Document #)
- (Corporation Name) (Document #)
- (Corporation Name) (Document #)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT - 1 PM 2:44

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AND
FILED

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

RECEIVED
01 OCT - 1 AM 11:58
DIVISION OF CORPORATIONS

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input checked="" 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

John Loria

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

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

*file dissolution
last file corp.
Second*

Examiner's Initials

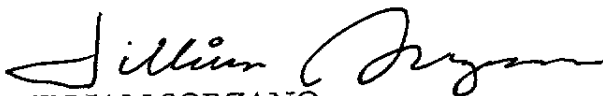
AFFIDAVIT

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

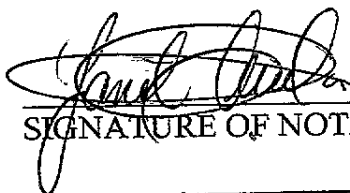
I LILLIAM SORZANO HEREBY STATE THAT I AM INTENDING TO FILE A FOR PROFIT CORPORATION BY SHADOW DATA SERVICE, INC. AT THE SAME TIME I HAVE ALSO DONE ARTICLES OF DISSOLUTION OF AN EXISTING COMPANY BY THE SAME NAME AND THEREFORE STATE THAT I HAVE NO INTENTIONS OF REVOCATING THE DISSOLVED DISSOLUTION. I ENCLOSED THIS AFFIDAVIT ALONG WITH MY ARTICLES OF INCORPORATION TO BE FILED IN THE STATE OF FLORIDA.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

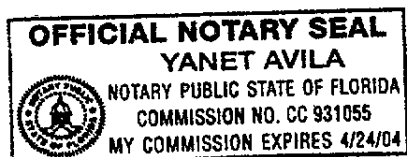
CORDIALLY,



LILLIAM SORZANO
PRESIDENT



SIGNATURE OF NOTARY PUBLIC



FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

SHADOW DATA SERVICE, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of this corporation is _____

SHADOW DATA SERVICE, INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless sooner dissolved in accordance with the laws of the State of Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of operating a Dental Office and transacting any and all business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue ONE HUNDRED (100.-) shares of NO par value common stock, which shall be designated "Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 506 NW 107th AVE # 2

MIAMI FL 33172

and the name of the initial registered agent of this corporation is LILLIAM SORZANO

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE director(s) initially.
The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE.
The name and address(es) of the initial director(s) of this corporation is (are):

LILLIAM SORZANO

506 NW 107th AVE # 2

MIAMI FL 33172



ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

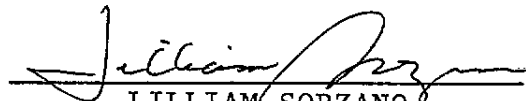
ARTICLE IX - INCORPORATOR

The name(s) and address(es) of the person(s) signing these articles is (are):

LILLIAM SORZANO

506 NW 107th AVE # 2
MIAMI FL 33172

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have) executed these articles of incorporation this 23 day of JULY 2001


LILLIAM SORZANO

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR
DOMICILE FOR THE SERVICE OF PROCESS WITHIN
THE STATE OF FLORIDA, NAMING AGENT UPON WHOM
SERVICE OF PROCESS MAY BE EFFECTIVE

In compliance with section 607.034 of the Florida Statutes,
the following is submitted:

desiring to organize or qualify under the laws of the State of
Florida, with its principal place of business in the City of
Miami, County of Dade, State of Florida, has named _____

LILLIAM SORZANO located at 506 NW 107th AVE
2 MIAMI FL 33172 City of Miami, County of Dade,
State of Florida as its agent to accept service of process within
the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above
mentioned corporation, at the place designated in this Certificate,
I hereby agree to act in this capacity, and further agree to comply
with the provisions of all Statutes relative to the proper and
complete performance of my duties.

Dated this 23 day of JULY

Lillian Sorzano
Resident and Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED