

TRANSMITTAL LETTER

P02000063191

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

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-06/17/02--01037--009
*****78.75 *****78.75

SUBJECT: S.H. MICROCOMPUTER INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MANUEL MOLINA.
Name (Printed or typed)

10036 HAMMOCKS BLVD. STE 205
Address

MIAMI FL 33196
City, State & Zip

305-4081627- 305-2826846
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 JUN 18 PM 12:14

FILED

NOTE: Please provide the original and one copy of the articles.

SE
6/18

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:

SH MICROCOMPUTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9601 SW 142ND AVENUE STE. 1423
MIAMI, FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF
THE UNITED STATES AND OF THIS STATE.

ARTICLE IV SHARES

The number of shares of stock is:

100 (ONE HUNDRED)

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

CARLOS MUNOZ
9601 SW 142ND AVENUE STE. 1423
MIAMI, FL 33186

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

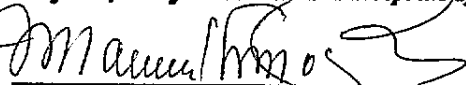
MANUEL MOLINA
10026 HAMMOCKS BLVD. STE. 205
MIAMI, FL 33196

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS MUNOZ
9601 SW 142ND AVENUE STE. 1423
MIAMI, FL 33186

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


Date


Signature/Incorporator


Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA