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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

SJAK, INC.

Certificate of Status	O
Certified Copy	1
Page Count	02
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Electronic Filing Menu

Corporate Filing

Public Access Help



ARTICLES OF INCORPORATION FOR SJAK, INC.

03 SEP 23 AM 9: 09 SECRETARY OF STATE TALLAHASSEE FLORIDA

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

ARTICLE !

The name of the corporation shall be: SJAK, INC.

ARTICLE II

The principal place of business and mailing address of this corporation shall bi≥: 3200 N.W. 94th WAY, SUNRISE, FLORIDA 33351

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000

ARTICLE IV

The name and address of the initial Registered Agent is:

J. LESLIE WIESEN 20211 N.E. 10th PLACE MIAMI, FLORIDA 33179

ARTICLE V

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

SEDRICK WALKER 3200 N.W. 94th WAY SUNRISE, FLORIDA 33351

The undersigned incorporator has executed these Articles of Incorporation this 23rd Day of September, 2003.

Sedrick Welker by JLW

By: SEDRICK WALKER

By:

e:/worthroofps/SJAK, Inc. -- corp.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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 AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.

- 1. The name of the corporation is: SJAK, INC.
- 2. The name and address of the Registered Agent and office is:

J. LESLIE WIESEN 20211 N.E. 10TH PLACE MIAMI, FLORIDA 33179

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.

J. LESLIE WIESEN

9.2	Portie letiason	9/23/2003
1/3	(Signature)	(Date)

03 SEP 23 AM 9: 09
SECRETARY OF STATE
TALL AHASSEE FLORIDA