

P04000146653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

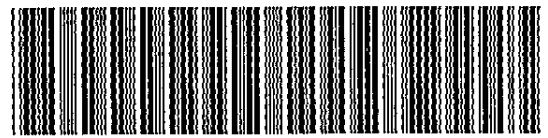
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/14--01025--007 **78.75

FILED
SECRETARY OF STATE
DIVISION OF REGISTRATIONS
04 OCT 25 PM 3:29

W04-38059

Tom in 10/25

TRANSMITTAL LETTER

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

SUBJECT: SORIN INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: SORIN MIRCEA CIPAIAN
Name (Printed or typed)

7239 MAIDA LN APT. 7F
Address

FORT MYERS FL. 33908
City, State & Zip

9⁰⁰ AM - 5⁰⁰ PM. 239-292-6046
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

October 15, 2004

SORIN MIRCEA CIPAIAN
7239 MAIDA LN APT 7F
FORT MYERS, FL 33908

SUBJECT: SORIN INC.
Ref. Number: W04000038059

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

The document must state the number of shares of authorized stock.

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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 704A00059504

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: **SORIN INC.**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: **7239 MAIDA LN, APT. 7F
FORT MYERS FL. 33908**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TILE AND MARBLE
INSTALATION REMODELING**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
**SORIN M. CIPAIAM - DIRECTOR
7239 MAIDA LN. APT. 7F
FORT MYERS FL. 33908**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
**SORIN M. CIPAIAM
7239 MAIDA LN. APT. 7F
FORT MYERS FL. 33908**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
**SORIN M. CIPAIAM
7239 MAIDA LN. APT. 7F
FORT MYERS FL. 33908**

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

Jodie M. Cipaiam

Signature/Registered Agent

10.11.04

Date

Jodie M. Cipaiam

Signature/Incorporator

10.11.04

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 25 PM 3:29