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TRANSMITTAL LETTER

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

SUBJECT:	HD TNC. (PROPOSED CORPORA	ATE NAME – MUST INCL	UDE SUPEIX)	
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	a check for:	-
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:		TLANTIC BLVI.		SECRETARY TALLAHASSE
*	POMPANO	BEACH - FA	33060	F 2

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

City, State & Zip

954-788-2848 Daytime Telephone number r IL E U

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: SYTOR CORP.	-
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 635 E. ATLANTIC BLVD - POMPANO BCH - FOR	LORI'DA 33061
ARTICLE III PURPOSE The purpose for which the corporation is organized is: BUSINESS CONSULTING ARTICLE IV SHARES The number of shares of stock is: 1,000 SHARES @ 10 Par VALUE ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	FILED 04 NOV 22 PM 3: 06 SECRETARY OF STATE TALL WHASSEE, FLORIDA
List name(s), address(es) and specific title(s): HUGO BURSZTETN - 635 E. ATLANTIC BLVD-POMPANO BCH	-FLA.33060-P.
DIANA BURSZTEIN-635 E. ATLANTIC BLUD-POMPANO BCA ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: HUGO BURSZTEIN 635 E. ATLANTIC BLUD-POMPANO BCH-FLA. 33060	TREAS/SC 50%
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: HUGO BURSZTEIN 1.35 F ATLANTIC BLVD- POMPANOBOH - FLA 3306	

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Incorporator

11-8-04 Date

11-8-04 Date