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(Re	questor's Name)		
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PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nai	me)	
(00)	cument Number)		
Certified Copies	Certificate:	s of Status	
Certified Copies Certificates of Status			
Charial Instructions to I	Tiling Officer		
Special Instructions to Filing Officer:			
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Office Use Only



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DIVISION OF ERROL AM 9: 00

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No.

## TRANSMITTAL LETTER

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

SUBJECT:	SI Group	Inc.	•	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	IDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:	
S70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Alexander B. Coletti- Name (Printed or typed)  582 Johns Pass Ave				
Madeira Beh. Fl. 33708 City, State & Zip				
Daytime Telephone number				

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

	EU Da
ARTICLES OF INCORPORATION	DIVISIONETARY OF
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	SECRETARY OF STATE  OS FER 2:
ARTICLE I NAME	05 FEB 21 AM 9: 00
The name of the corporation shall be:	- , AM 9: 00
PSI Group Inc.	. •
ARTICLE II PRINCIPAL OFFICE	<u></u>
The principal place of business/mailing address is:	
14955 Gulf Blud. Suite 1B	
Madeira Beh. Fl. 33708	
ARTICLE III PURPOSE	-
The purpose for which the corporation is organized is:	
To buy and sell real estate properties in the South west	•
region of Florida.	•
ARTICLE IV SHARES	
The number of shares of stock is:	
500	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	th Cahon
Bruno Colondica (President) SArah De	LSS ANR, '
503 Johns Pass Ave (Treasurer) 182 Johns R	155 1121 El 23700/
	, rr 33708
Alexander B. Coldi (Vice President) (Secre	tury)
ARTICLE VI REGISTERED AGENT	/-
The <u>name and Florida street address</u> (P.O. Box <b>NOT</b> acceptable) of the registered a	gent is:
Alexander, B. Coletti	
582 Johns Pass Ave. Mudeira Beh. Fl. 33708	
ARTICLE VII INCORPORATOR	-
The name and address of the Incorporator is:	
Alexandor B. Cole Hi	
582 John's Ress Ave Madeira Bet, Fl. 2370	ج80
********************	
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
	177/20
	111105
Signature/Registered Agent	Date

Signature/Incorporator