

P05000032519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

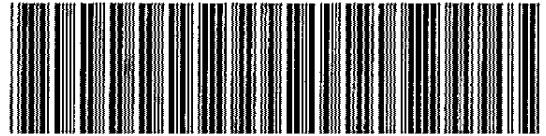
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 MAR -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

TRANSMITTAL LETTER

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

SUBJECT: Sagala Services 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: Todd A. Sagala  
Name (Printed or typed)

501 Blairstone rd # 723  
Address

Tallahassee Florida 32301  
City, State & Zip

850-519-7893  
Daytime Telephone number

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

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05 MAR -3 PM 2:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: *Sagala Services Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *501 Blairstone rd #723  
Tallahassee Florida 32301*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *construction*

**ARTICLE IV SHARES**

The number of shares of stock is: *2*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): *President*

*Todd Sagala  
501 Blairstone rd #723  
Tallahassee FL 32301*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Todd Sagala  
501 Blairstone rd #723  
Tallahassee FL 32301*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Todd Sagala  
501 Blairstone rd #723  
Tallahassee FL 32301*

\*\*\*\*\*

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

*Todd Sagala*  
Signature/Registered Agent

*3/3/05*  
Date

*Todd Sagala*  
Signature/Incorporator

*3/3/05*  
Date