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TRANSMITTAL LETTER

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

SUBJECT: SFAM I	NC. (PROPOSED CORPORA	TE NAME - MUST INCL	ODE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 PY REQUIRED
FROM: PA	ULA HORNE Name	e (Printed or typed)	
	6230 SW 48 ST	Address	
;	MIAMI,FL.33155	, State & Zip	· · · · · · · · · · · · · · · · · · ·
,	305-666-7874	Telephone number	

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

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:

SFAM INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6230 SW 48TH ST. MIAMI,FL.33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL BUSINESS UNDER LAW

ARTICLE IV SHARES

The number of shares of stock is: 100 @ PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAULA HORNE 6230 SW 48TH ST MIAMI,FL 33155 CO-OWNER SANDRA GONZALEZ 1330 NW 133 ST MIAMI,FL 33167 CO-OWNER

OS AUG-1 M 8 49
SECIE LASSEE, FLORID

ARTICLE VI REGISTERED AGENT

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

PAULA HORNE 6230 SW 48TH ST MIAMI,FL.33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAULA HORNE 6230 SW 48TH ST MIAMI,FL.33155 SANDRA GONZALEZ 1330 NW 133 ST MIAMI,FL.33167

Leule Denne	7/23/05
Signature/Registered Agent	Date
Sandra Gonales	7/23/05
Signature/Incorporator	Date