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SECRETARY OF STAIL

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## TRANSMITTAL LETTER

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

	mai and one (1) copy of the ar	ticles of incorporation and	a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$1,878.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	4251 N	PARK, FL	2

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

## **Articles of Incorporation**

#### Of

## **S5H Corporation**

THE UNDERSIGNED, in order to form a corporation for the purposes hereinafter stated, under and pursuant to the provisions of General Corporation Law of the State of Florida, hereby certifies as follows:

# ARTICLE I CORPORATION NAME

The name of the Corporation is S5H Corporation

#### ARTICLE II INITIAL OFFICE AND AGENT

The address of the Corporation's initial registered office and the name of its original registered agent at such address is:

VINCENT AIME SABLE 4251 Northeast 16<sup>th</sup> Terrace Oakland Park, Florida 33334

# ARTICLE III PURPOSES

The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the State of Florida Corporation Code.

#### ARTICLE IV STOCK

The aggregate number of shares which this Corporation shall have authority to issue is 1,000 shares of \$0.001 par value stock.

## ARTICLE V CORPORATE BY-LAWS

The Board of Directors is authorized and empowered to make, alter, amend, and rescind the By-Laws of the corporation, By-Laws made by the Board may be altered or repealed, and new By-Laws made, by the stockholders.

## ARTICLE VI LIABILITY OF DIRECTORS

Pursuant to the General Corporation Laws of the State of Florida any and all directors of this Corporation shall not be liable to the Corporation, its shareholders, or any third party for breach of duty of care; such potential liability is hereby eliminated.

## ARTICLE VII BOARD OF DIRECTORS

The name and address of each person serving as a member of the initial Board of Directors are:

Vincent Aime Sable

4251 N. E. 16<sup>th</sup> Terrace Oakland Park, Florida 33334

Vincent Andrew Sable

18020 S. W. 88<sup>th</sup> Court Miami, Florida 33157

Christopher Andrew Sable

14196 S. Cypress Cove Circle Davie, Florida 33325

Christiane Blanche Sable

18020 S. W. 88<sup>th</sup> Court Miami, Florida 33157

Michael Thomas Still

4251 N. E. 16<sup>th</sup> Terrace Oakland Park, Florida 33334

Amanda Hurtado

4164 Inverrary Drive, Apt. #205

Lauderhill, Florida 33319

## ARTICLE VII INCORPORATORS

The name and address of the Incorporator is:

Vincent Aime Sable 4251 N. E. 16<sup>th</sup> Terrace Oakland Park, Florida 33334

IN WITNESS WHEREOF, the incorporator has	hereunto set his hand this day of
August, 2005.	
Maryland Maryland	eucent Soble
	Signature/Incorporator
W.	INCENT SABIE
<del></del>	
,	
<del></del>	
STATE OF FLORIDA	
COUNTY OF BODOGO \$	
On the 4 day of August	
me Villar it Sable the signer of the	e within instrument, who duly acknowledged
to me he executed the same.	
	real (1. Sec.
My commission expires:	Garol A TROOMAN

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of FS section 607.0501 or FS section 617.0501, the undersigned Corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered agent and office, in the state of Florida.

The name of the corporation is S5H Corporation.

The name and address of the registered agent and office is:

Vincent Aime Sable 4251 NE 16th Terrace Oakland Park, Florida 33334

Having been named as registered agent and to accept service of process for the above stated Corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

UINCENT SABLE

Date

prowerd Goonty

CAROL A. TRUEMAN
MY COMMISSION # DD 083418
EXPIRES; February 9, 2006
Bonded Trivu Notary Public Underwriters

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