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DIVISION OF THE ATIONS

05 OCT -7 AM 7: 1.0

TRANSMITTAL LETTER

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

SUBJECT:	SANDVIRG		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
Filing Fee	·	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
EDOM: VIE	RGILIO SANDOVAL		
PROM.	Name	(Printed or typed)	
:	2631 W EVRGLADE Dr	Address	
	MIRAMAR, FLORIDA 33023	, State & Zip	
	(954)962-6324	Celenhone 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)

DIVISION OF COMPORATION 05 OCT -7 AM 7: 40

ARTICLE I NAME

The name of the corporation shall be:

SANDVIRG CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2631 W EVERGLADE Dr MIRAMAR, FLORIDA 33023

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): VIRGILIO SANDOVAL (DIRECTOR) 2631 W EVERGLADE Dr MIRAMAR, FLORIDA 33023

ARTICLE VI REGISTERED AGENT

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

VIRGILIO SANDOVAL 2631 W EVERGLADE Dr MIRAMAR, FLORIDA 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

VIRGILIO SANDOVAL 2631 W EVERGLADE Dr MIRAMAR, FLORIDA 33023

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