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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: SINDOMINIO, INC.

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 & Certified Copy

☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM: LUZ MARIA PAUCAR
3255 NE 184th ST. #12509
AVENTURA, FL 33160
305-331-3503
Daytime Telephone number

SECRET
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION

OF

SINDOMINIO, INC.

The undersigned subscriber to these Articles of Incorporation is a natural person competent to contract and hereby form a Corporation for profit under Chapter 607 and/or 621 of the Florida Statutes.

ARTICLE 1 – NAME

The name of the Corporation is SINDOMINIO, INC. (hereinafter, "Corporation").

ARTICLE 2 – PURPOSE OF CORPORATION

The corporation shall engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE 3 – PRINCIPAL OFFICE

The address of the principal office of this Corporation is 3255 NE 184th Street #12509, Aventura, FL 33160 and the mailing address is 3255 NE 184th Street #12509, Aventura, FL 33160.

ARTICLE 4 – SHARES

The number of shares of stock is: 1,000 (One Thousand).

ARTICLE 5 – INCORPORATOR

The name and address of the Incorporator is:

LUZ MARIA PAUCAR
3255 NE 184TH STREET #12509
AVENTURA, FL 33160

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

ARTICLE 6 – REGISTERED AGENT

The name and Florida street address of the registered agent is:

LUZ MARIA PAUCAR
3255 NE 184TH STREET #12509
AVENTURA, FL 33160


ARTICLE 7 – OFFICERS


The officers of the Corporation shall be:

President:	LUZ MARIA PAUCAR
Secretary:	LUZ MARIA PAUCAR

Whose address shall be the same as the principal office of the Corporation.

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.

	02-20-06
Signature/Registered Agent	Date

	02-20-06
Signature/Incorporator	Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA