

P0600003353/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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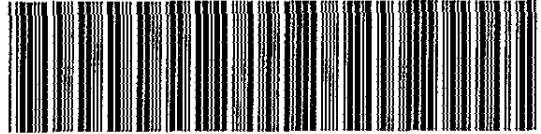
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CLERK OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

SQYC Corp  
(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: RICHARD IVANS

Name (Printed or typed)

201 S BISCAYNE BLVD, SUITE 400

Address

MIAMI, FL 33131

City, State & Zip

305-595-1267

Daytime 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:

SQYC CORP

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

MAILING ADDRESS: P. O. BOX 14-4597, CORAL GABLES, FL 33114

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

## ARTICLE VI REGISTERED AGENT

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

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RICHARD IVANS, 201 S BISCAYNE BLVD, SUITE 400, MIAMI, FL 33131

\*\*\*\*\*


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



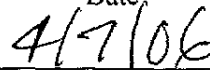
Signature/Registered Agent



Signature/Incorporator



Date



Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 13 PM 12:44

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