

P060000134074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

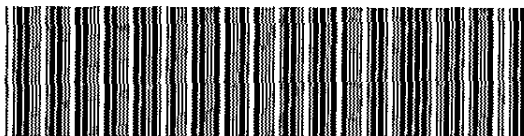
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

06 OCT 20 PM 1:05

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TO A KNOWLEDGE
SUFFICIENCY OF FILING

2006 OCT 20 AM 9:59

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

10/23/06

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

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CLERK OF COURT
TALLAHASSEE, FLORIDA

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SENDER COMMERCIAL CORP.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☒ Pick up time _____ ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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06 OCT 20 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
SENDER COMMERCIAL CORP.**

The undersigned person(s), acting as incorporator(s) of a corporation organized under the laws of Florida, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I
CORPORATE NAME**

The name of this corporation is SENDER COMMERCIAL CORP.

**ARTICLE II
INITIAL PRINCIPAL OFFICE**

The mailing address of the corporation's initial principal office is:

2699 COLLINS AVE. STE 101, MIAMI BEACH, FL 331340

with the privilege of having branch offices at other places within or without the State of Florida.

**ARTICLE III
SHARES**

The total number of shares which the corporation shall have authority to issue is 500 shares with a par value of \$1.00 per share

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The name and address of the initial registered agent is:

Dorita Sandler
2555 Collins Ave. PH 100
Miami Beach, FL 33140

Articles of Incorporation

FILED

06 OCT 20 11 06

**ARTICLE V
INCORPORATORS**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The names and addresses of the incorporators to these Articles of Incorporation are:

NAME

ADDRESS

Dorita Sendler – President

**2555 Collins Ave. PH100, Miami Beach.
Fl 33140**

**Moshe Cosicher – Treasurer &
Secretary**

**2555 Collins Ave. PH100, Miami Beach.
Fl 33140**

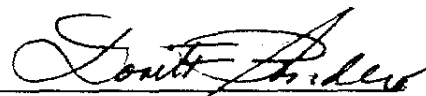
CERTIFICATE DESIGNATING RESIDENT AGENT

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is: Sendler Commercial Corp.

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

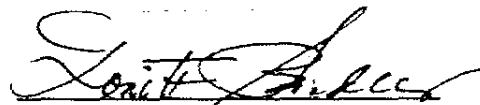
**Dorita Sendler
2555 Collins Ave. PH100,
Miami Beach, Fl 33140**



Corp. Officer: Dorita Sendler
President

Date: October 18, 2006

Having been named to accept service of process for the above stated corporation at 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.




Dorita Sendler
October 18, 2006

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County above-named to take acknowledgments, personally appeared Dorita Sendler to me known to be the person described as the Resident Agent, and who executed the foregoing Certificate and acknowledged before me that he executed the foregoing Certificate Designating Resident Agent.

In witness hereof, I set my hand and official seal in the County and State named above, this 18th day of October, 2006.


Notary Public

NOTARY PUBLIC-STATE OF FLORIDA
Juan Taboada
 Commission # DD461873
Expires: SEP 29, 2009
Bonded Thru Atlantic Bonding Co., Inc.