

P07000039180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

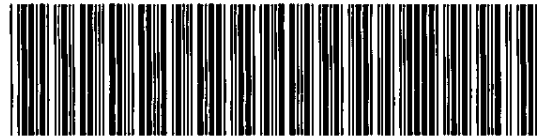
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100094186811

03/28/07--01012--008 **236.25

RECEIVED
07 MAR 28 AM 10:45
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
07 MAR 29 PM 12:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/29
SH

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 #

OFFICE USE ONLY

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

1. SIMA DESIGNER, INC.
(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

**ARTICLES OF INCORPORATION
OF
SIMA DESIGNER, INC.**

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 SIMA DESIGNER, INC.

**ARTICLE II
INITIAL PRINCIPAL OFFICE**

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

1750 NE 191ST STREET #623E, MIAMI, FL 33179

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:

Mario A. Saracho
1750 NE 191st Street # 623E
Miami, Fl 33179

FILED
MAR 28 PM 12:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

Articles of Incorporation

**ARTICLE V
INCORPORATORS**

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

NAME	ADDRESS
Mario A. Saracho - President, Treasurer & Secretary	1750 NE 191 St. # 623E Miami, FL 33179
Lucyanne Borrero Santos - VicePresident	1750 NE 191 St. # 623E Miami, FL 33179

FILED
07 MAR 27 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

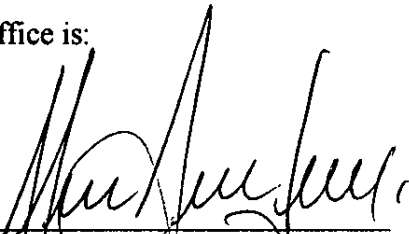
CERTIFICATE DESIGNATING RESIDENT AGENT

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.

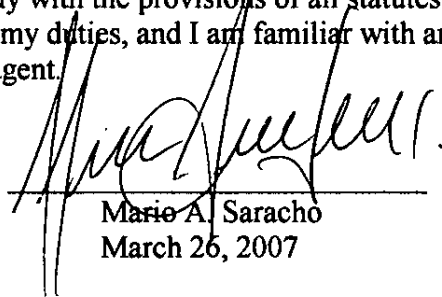
The name of the corporation is: GCP Home Improvements, Inc.

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

Mario A. Saracho
1750 NE 191 St. # 623E
Miami, FL 33179


Corp Officer: **Mario A. Saracho**
President
Date: March 26, 2007

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.



Mario A. Saracho
March 26, 2007

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 Mario A. Saracho, 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 ^{26th} day of March , 2007


Notary Public

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