

007000080050

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**ECFS**

**EXPRESS CORPORATE FILING SERVICE, INC**  
**1000 PONCE DE LEON BLVD., STE: 101**  
**CORAL GABLES, FL 33134**  
**PH: (305)444-4994 FAX: (305)444-4977**

**OFFICE USE ONLY**

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

1. SASTKI, 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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## **ARTICLE I NAME**

The name of the corporation shall be:

SASTRI, INC

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1250 ALTON RD. SUITE 5G  
MIAMI BEACH, FL 33139

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO TRANSACT ANY AND ALL LAWFULL BUSINESS

## **ARTICLE IV SHARES**

The number of shares of stock is:

200 SHARES (TWO HUNDRED SHARES) EACH \$ 1.00 PAR VALUE

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

ALEXANDER SASTRI P  
1250 ALTON RD. APT 5G  
MIAMI BEACH, FL 33139

## **ARTICLE VI REGISTERED AGENT**

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

ALEXANDER SASTRI  
1250 ALTON RD. APT 5G  
MIAMI BEACH, FL 33139

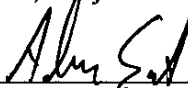
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

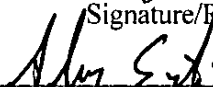
ALEXANDER SASTRI  
1250 ALTON RD. APT 5G  
MIAMI BEACH, FL 33139

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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

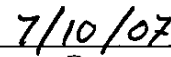


Signature/Registered Agent



Signature/Incorporator

  
Date

  
Date

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