

Division of Corporations Public Access System

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Division of Corporations Fax Number ; (850)205-0381

om:
Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

# T/NON PROFIT CORPORATION

ERELY SONJA INC.

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Certificate of Status	0
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### **ARTICLES OF INCORPORATION**

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

#### ARTICLE I NAME

The name of the corporation shall be:

SINCERELY SONJA INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 201 N MAIN AVE LAKE PLACID FL 33852

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any business permitted under the laws of the State of Florida.

# ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

#### ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

#### **DIRECTOR & PRESIDENT:**

GARY HYRE 201 N MAIN AVE LAKE PLACID FL 33852

#### **DIRECTOR & PRESIDENT:**

SONJA HYRE 201 N MAIN AVE LAKE PLACID FL 33852

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SINCERELY SONJA INC.

#### ARTICLE VI REGISTERED AGENT

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

GARY HYRE 201 N MAIN AVE LAKE PLACID FL 33852

### ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

GARY HYRE 201 N MAIN AVE LAKE PLACID FL 33852 OT SEP II AN 2: 08
SECRETARY OF STATE

Having been named as registered agent to accept service of process for the above 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.

GARY HYRE / REGISTERED AGENT

9~//~0')
DATE

GARY HYRE / NCORPORATOR

DATE