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SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

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

SUBJECT:	Green Sapphire I, Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Englaced are an evid	sinal and ano (1) copy of the arti	alas afinaamavatian ana	d a almaele fam	
Eliciosed are all orig	inal and one (1) copy of the arti	cies of incorporation and	i a check for:	
\$70.00	\$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		ADDITIONAL CO	Status  OPY REQUIRED	
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			2000 AUG 26 SECRETARY ALLAHASSE	71
			HATA GO	
FROM:	Maria Rozon		26 SSE SSE	ILED
1 KOM	Name (Printed or typed)		7 7	-
			FLEST	
	10401 NW 19th Place		STATE LORIGO	
		Address		
	Dambroko	Pines, FL 33026		
		State & Zip	<del></del>	
		0.4.4000		
	Davtime T	<b>264 - 1830</b> elephone number	<del></del>	
	Daytille i	crephone 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:

Green Sapphire I, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 10401 NW 19th Place

Pembroke Pines, FL 33026

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**Management Services** 

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria Rozon, President 10401 NW 19th Place Pembroke Pines, FL 33026

# FILED THE AUG 26 P S 00 RECREASSEE. FLORIGA SECREASSEE. FLORIGA

### ARTICLE VI REGISTERED AGENT

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

Maria Rozon 10401 NW 19th Place Pembroke Pines, FL 33026

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Rozon 10401 NW 19th Place Pembroke Pines, FL 33026

*************	************
Having been named as registered agent to accept service of process for t	
certificates am familiar with and accept the appointment as registered age	nt and agree to act in this capacity
/ May Coar	8/19/08
Signature/Registered Agent	Date
( Clean Ram	8/19/08
Signature/Incorporator	Date