

P10000057087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

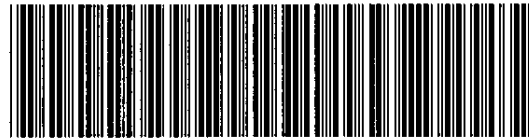
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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11/29/10--01029--010 \*\*128.75

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10 NOV 24 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2010 NOV 29 PM 12:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2010

## COVER LETTER

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

SUBJECT: SUKOF, INC.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
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<u>SUKOF, INC.</u>	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Name (printed or typed)	
<u>3301 NE 183 ST. APT 1404</u>	
Address	
<u>AVENTURA, FL 33160</u>	
City, State & Zip	
<u>305-206-6334</u>	
Daytime Telephone Number	
<u>EKOFMAN@AOL.COM</u>	
E-mail address: (to be used for future annual report notification)	

2010 NOV 29 PM 12:13

FILED

## CERTIFICATE OF DOMESTICATION

The undersigned, SANDRA SUCHIN KOFMAN, PRESIDENT,  
(Name) (Title)

of SUKOF, INC. a foreign corporation,  
(Corporation Name)

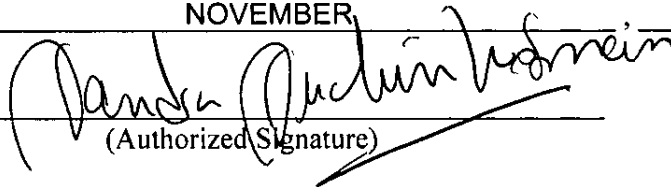
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was MARCH 7, 2006.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was TEXAS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was SUKOF, INC..
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is SUKOF, INC..
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was TEXAS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of SUKOF, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 18 day of NOVEMBER, 2010.

  
(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

SUKOF, INC.

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

3301 NE 183 ST. APT. 1404 AVENTURA FL 33160

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

THE TRANSACTION OF ANY AND ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER FLORIDA LAW.

**ARTICLE IV    SHARES**

THE NUMBER OF SHARES OF STOCK IS:

1,000 SHARES , AND THE PAR VALUE OF EACH OF THE AUTHORIZED SHARES IS \$1.00

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

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

SANDRA SUCHIN KOFMAN 3301 NE 183 ST. APT 1404 AVENTURA FL 33160

EDUARDO KOFMAN 3301NE 183 ST. APT 1404 AVENTURA FL 33160

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

SANDRA SUCHIN KOFMAN 3301 NE 183 ST. APT 1404 AVENTURA FL 33160

**ARTICLE VII    INCORPORATOR**

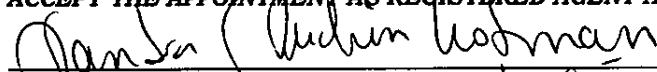
THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

SANDRA SUCHIN KOFMAN

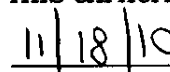
3301 NE 183 ST. APT 1404 AVENTURA FL 33160

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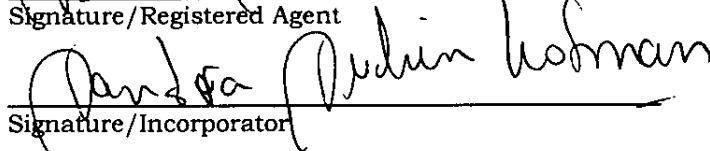
**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY.**



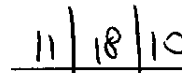
Signature/Registered Agent

  
11/18/10

Date



Signature/Incorporator

  
11/18/10

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED