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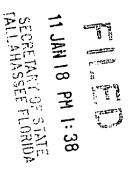
(Requestor's Name)					
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PICK-UP	☐ WAIT	MAIL MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

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

SUBJECT: SOUTH AMERICAN TRADING POST, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED
FROM: BRADLEY C FAIRMAN,	Jr (Printed or typed)
4835 RIVERSIDE RD	Address
MELBOURNE, FL 3293	35 State & Zip
321-960-4200 Daytime T	elephone number
fairmanbrad@yahoo.col	m d for future annual report notification)

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)

The name of the	corporation shall be: SOUTH AMERICA	IN TRADING	FUST, INC	
ARTICLE II	PRINCIPAL OFFICE			
	Principal street address		Mailing ad	dress, if different is:
~	4835 RIVERSIDE RD	_		
	MELBOURNE, FL 32935	_		
ARTICLE III	PURPOSE			
The purpose for	which the corporation is organized is:			
RÉTAIL SA	ALES			
				至公二 军
				CO
ARTICLE IV	SHARES			F. 4 =
	hares of stock is: 1,000			SEL
				H. 3
	INITIAL OFFICERS AND/OR DIREC		4 771 4	
	Title: BRADLEY C FAIRMAN, Jr PRESI			
Address:	4835 RIVERSIDE RD	Address		हिंही 🕉
	MELBOURNE, FL 32935			
Name and	Title: ROSA A FAIRMAN VICE PRESII	DENT Name a	nd Title:	
Address:	4835 RIVERSIDE RD	Address	s:	
	MELBOURNE, FL 32935			
	*			
Nama and	Title: ALISHA M FAIRMAN TREASL	IDED Name o	nd Title	
Address:	4835 RIVERSIDE RD			
710010.33.	MELBOURNE, FL 32935			
	REGISTERED AGENT			·
	Iorida street address (P.O. Box NOT acceptate		ered agent is:	
Name:	BRADLEY C FAIRMAN, Jr			
Address:	4835 RIVERSIDE RD			
	MELBOURNE, FL 32935			
ARTICLE VII				
· · · · · · · · · · · · · · · · · · ·	address of the Incorporator is:			
Name:	BRADLEY C FAIRMAN, Jr	 		
Address:	4835 RIVERSIDE RD			
	MELBOURNE, FL 32935			
	med as registered agent to accept service of p			
this certificate, I	ant familiar with and accept the appointment	as registered age	ent and agree to ac	t in this capacity
	5 11. 1 "			1-10-11
	My (// =			/-/0-// Date
	Required Signature/Registered Ager	11		Date
	cument and affirm that the facts stated here			
document to the	Department of Stare constitutes a third degree	getony as provid 	ted for in s.817.15:	5, F.S.
				1-10-11
	Required Signature/Incorporator			1 / 0 //