

P11000006863

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (877) 617-638.

From:

Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305) 871-0889
Fax Number : (305) 870-9623

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 20 PM 1:45

APPROVED
FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
SYCONLINE INC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 20 PM 1:08

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Corporate Filing Menu

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[Handwritten signature]

COVER LETTER

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

SUBJECT: SYCONLINE INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: YANELLE M BARINAS
Name (Printed or typed)

5701 NW 38 ST
Address

MIAMI, FL 33166
City, State & Zip

305-871-0889
Daytime Telephone number

BARINASB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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AND
FILED

11 JAN 20 PM 1:45

ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **SYCONLINE INC**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

915 NW 1ST AVE
STE HB1412
MIAMI, FL 33136

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LUIS O. MARIN, PD
915 NW 1ST AVE, APT HB1412
MIAMI, FL 33136

CARLOS E. CARRERO VERGARA, VD
915 NW 1ST AVE, APT HB1412
MIAMI, FL 33136

ARTICLE VI REGISTERED AGENT

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

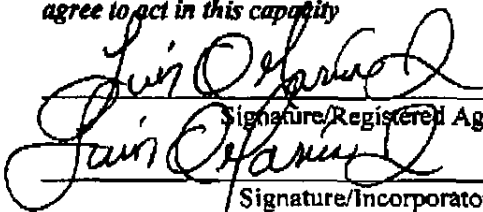
LUIS O. MARIN
915 NW 1ST AVE, APT HB1412
MIAMI, FL 33136


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS O. MARIN
915 NW 1ST AVE, APT HB1412
MIAMI, FL 33136

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

01/10/2011
Date
01/10/2011
Date