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(Requestor's Name)				
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(				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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## **COVER LETTER**

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

SUBJECT: SOUTH HORIDA	BUSINESS TODAY, INC. TENAME-MUST INCLUDE SUFFIX)
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti-	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: ANTHONY ME.	RLINO e (Printed or typed)
3250 S.W. 161	Address
MIAMI, FLORIDI	9 33145 State & Zip
<u>305 - 710 - 8</u> Daytime T	5/13 Telephone number
MERLINO ANTHONY E-mail address: (to be use	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)

ARTICLE I NA The name of the corpor	AME ration shall be: SooTh FLORIDA	BUSINES	SS TO DAYING,			
ARTICLE II PR	NINCIPAL OFFICE					
<b></b> y	Principal street address	Ma	ailing address, if different is:			
<del>್ರ</del>	250 5.W. 16th TERR. MIAM1, FLORIDA 33,145			_		
	7114711, FCOR154-23143			<del></del>		
ARTICLE III PU	RPOSE		•			
The purpose for which	h the corporation is organized is:					
	MARKET INSURANCE	FAND GE	FNERAL BUSINESS			
	SERVICES					
ARTICLE IV SP	HARES of stock is: 100	·				
ARTICLE V IN	TITIAL OFFICERS AND/OR DIRECTORS	3				
Name and Title:	ANTHONY MERLINO, PRES.	Name and Title:_				
Address:	3250 5, W. 16th TERR.	Address:		_		
	MIAMI, FORIDA 33145					
		_		<del></del>		
Name and Title:	ANDREW MUZZETTO SR	Name and Title				
Address:	VICE PRESIDENT	Address:				
V 4.0.2.0.2.0.	52/EL DORADO PKUY.					
	THANTATION FL 33317					
Name and Water	_	31 1001.				
Name and Title: Address:		Name and Title:_ Address:		<del></del>		
Addiess.		Addiess		_		
		_		_		
		<del></del>				
	EGISTERED AGENT		. =	: 등		
	a street address (P.O. Box NOT acceptable) of	the registered agent	is:	SE		
Name:	ANTHONY MERLAND, PA	KESI DENI	AY			
Address:	MANI FL 33317		ယ	· 육동~		
		•		227		
	ICORPORATOR	,,;;		<b>*</b> ***********************************		
	ss of the Incorporator is:	David . Sa-	100	S S		
Name:	THE MONGETTE COND	PRESIDE	N 1	A₹		
Address:	MIAMI FLORIDA 3331	1	57	SNOI		
Having been named of	as registered agent to accept service of process	for the above state	ed corporation at the place designat	ed in		
this certificate, I am f	appiliar with and accept the appointment as regis	stered agent and ag	ree to act in this capacity			
. //			-1.1.			
X / ///	MIL		3/18/11			
	Required Signature/Registered Agent		Date 7			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a						
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.						
	1100		Chelin			
X / A/A			0 /18/1/			
1/001	Required Signature/Incorporator		/ / Date			