P12000016594

(Requestor's Name)			
(Address)			
(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:			





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COVER LETTER

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

SUBJECT:	SF Technologies Inc	
		TE NAME – MUST INCLUDE SUFFIX) icles of incorporation and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM:		pe Adams e (Printed or typed)
	690 East A	Atlantic Avenue Address
	Delray Be	each, FL 33483 State & Zip
_	Daytime T	elephone number
	jjadams04 E-mail address: (to be use	@hotmail.com

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: SF Technolog	ies, Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address	Mailing address, if different is:
690 East Atlantic Avenue	
Delray Beach, FL 33483	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	manife Caral
Consulting Services	<u>≥</u> ≦ ⊼
	6 7
	E E E E E E E E E E E E E E E E E E E
ARTICLE IV SHARES	
The number of shares of stock is: 1	
the hamper of stands of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS Sim N
Name and Title: Joe Adams, President &	
Address: 10822 N. Kendall Drive A	ot. Q21 Address:
Miami, FL 33183	
·	
No. 1 miles	3.1 1.00%
Name and Title:	Name and Title:
Address:	Address:
	
	
Name and Title	Name and Title:
Address:	Address:
7 tqu 655.	
ARTICLE VI REGISTERED AGENT	toble) of the registered exent is:
The name and Florida street address (P.O. Box NOT Name: Joe Adams	cceptable) of the registered agent is.
Address: 690 East Atlantic Avenu	
Delray Beach, FL 3348	
Deliay Beach, EL 3340	<u>. </u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Joe Adams	
Address: 690 East Atlantic Avenu	<u> </u>
Delray Beach, FL 3348	3
·	
	ce of process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appoi	tment as registered agent and agree to act in this capacity
// // //	
1 De Marie	02/ <u>09</u> /12
Required Signature/Registere	d Agent Date
	The state of the s
	d herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third	degree jelony as provided for in s.817.155, F.S.
	22/22/12
1/or namo	02/09/12
'1 Required Signature/Incor	orator Date