Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H12000051875 3)))) 		Electronic Filing (	······································	
To::       Division of Corporations         Division of Corporations       TO::         Account Name : EMPTRE CORPORATE KIT COMPANY       ACCOUNT Number : 072450003255         Phone : (305) 633-3696       TO:         **Enter the email address for this business entity to be used for froure annual report mailings. Enter only one email address please.**       To::         Floring Profit/NON PROFIT CORPORATION       Second for froure annual report mailings. Enter only one email address please.**				
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Doing so will generate another cover sheet.  To: Division of Corporations Fax Number : (850) 617-6381  From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305) 634-3694 Fax Number : (305) 633-9696  **Enter the email address for this business entity to be used for furture annual report mailings. Enter only one email address please.** Email Address:  FLORIDA PROFIT/NON PROFIT CORPORATION SARAH ABIGAL CORPORATION		H120000519753.		
Division of Corporations Fax Number : (850)617-6381 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: FLORIDA PROFIT/NON PROFIT CORPORATION SARAH ABIGAL CORPORATION	Note: DO NOT	hit the REFRESH/RELOAD	outton on your browser 1	rom this page.
SARAH ABIGAL CORPORATION	From: **Enter the ema annual rep	Fax Number : (850) Account Name : EMPIR Account Number : 072450 Phone : (305) Fax Number : (305) il address for this busin port mailings. Enter only	517-6381 C CORPORATE KIT COME 0003255 534-3694 533-9696 açss entity to be us	AM 10: 56 EE, FLORID eed for furs
Certified Copy1Page Count02Estimated Charge\$78.75	FLO	SARAH ABIGAL CO Certificate of Status Certified Copy Page Count	DRPORATION 0 1 02	IN SECRETARY OF STATE TALLAHASSEE, FLORIDA MRD2/3 Help

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February 28, 2012

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FLORIDA DEPARTMENT OF STATE Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SARAH ABIGAL CORPORATION REF: W12000011477

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

It appears from the signatures listed for the Registered Agent/Incorporator that the names indexed for the Registered Agent/Incorporator have been reversed. Please make sure the names listed match the penned signatures.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section FAX Aud. #: H12000051875 Letter Number: 212A00008082

P.O BOX 6327-Tallahassee, Florida 32314

H 2 0000 51825

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

## ARTICLE I SARAH ABIGAL CORPORATION NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Mailing address, if different is: Proxipal street address 36 NE 1ST STREET STE 417 36 NE 1ST STREET STE 417 4 MIAMI FLORIDA 33132 MIAMI FLORIDA 33132 FILED AMID: 56 ARTICLE III PURPOSE The purpose for which the curporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS ODF THIS STATE. ARTICLE IV SHARES The number of slignes of slock is: 100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE. INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V Name and Title: YAKOV MAKSUMOV-PRESIDENT\_ Name and Title; 36 NE 1ST STREET STE 417 \_\_\_\_ Address: Address: MIAMLEL 33132 Name and Title: Name and Title: Address: Address: Name and Tirle; Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The pame and Florids street address (P.O. Box NOT acceptable) of the registered agent is: Name: YAKOV MAKSUMOV Address: 36 NE 1ST STREET STE 417 MIAMLE 33132 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: YAKOV MAKSUMOV Address: 36 NE 1ST STREET STE 417 MIAMLEL 33132 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 fumiliar with and accept the appointment as regionered agent and appee to act in this capacity 101, QU MAY 02/27/12 Required Signature/Registered Agent Date I submit this document and offirm that the facts stated herein are prue. I am aware that the faise information submitted in a decument to the Department of State constitutes a third degree felony as provided for in #817.155, F.S. 02/27/12 Required Signature/Incorporator

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