

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.

(((H12000228770 3)))



H120002287703ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CLARA GIRALDO, P.A.

Account Number: I19990000017 Phone

: (305)485-9300 Fax Number : (305)485~1098 RECEIVED SEP 17 2012

\*\*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 SAA BUSINESSIMPEX, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

# "H12000228+70 3

## ARTICLES OF INCORPORATION

OF

# SAA BUSINESSIMPEX, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the state of Florida.

#### ARTICLE I

The name of this corporation shall be:

# SAA BUSINESSIMPEX, INC.

## ARTICLE II

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

#### ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers:
- To have perpetual succession by it's corporate

Name:

SAA BUSINESSIMPEX, INC.

H120002287703

# H12000228770 3

#### ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00.

Unless otherwise stated in these articles or an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### **ARTICLE V**

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

ANSEL ALCALA
7230 FAIR WAY DR. UNIT F.2
MIAMI LAKES FL 33014

The principal office shall be:

7230 FAIR WAY DR. UNIT F.2 MIAMI LAKES FL 33014

# ARTICLE VI

The initial Board of Directors shall consist of a total of ONE (1) person, and the name and address of the person who is to serve as an initial director

ANSEL ALCALA 7230 FAIR WAY DR. UNIT F.2 MIAMI LAKES FL 33014 PRESIDENT

The name and address of the incorporator executing these articles of incorporation

ANSEL ALCALA
7230 FAIR WAY DR. UNIT F.2
MIAMI LAKES FL 33014

TALLANISSEE FLORIDA

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these articles of incorporation this 17 day of SEPTEMBER 2012

ANSEL ALEALA

H120002287703

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida. Submits the following statement in designating the registered office /registered agent, in the State of Florida.

1. The name of the corporation is

SAA BUSINESSIMPEX, INC.

2. The name and address of the registered agent end office is:

ANSEL ALCALA
7230 FAIR WAY DR. UNIT F.2
MIAMI LAKES FL 33014

12 SEP 17 PM 1: 21
TALLAMASES ESTERNIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. ANN I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated: SEPTEMBER 17 2012