

JAN-21-2013 15:59 From:
1/21/13

Division of Corporations

To: 850 617 6381

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I200800000033
Phone : (305) 644-3055
Fax Number : (305) 644-3052

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION SGL U.S.A. SALES AND SERVICE, CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED

2013 JAN 22 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 JAN 22 PM 4:57

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 1/22/13

JAN-21-2013 15:59 From:

To: 850 617 6381 FILED P. 3/3
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

13 JAN 22 PM 4:57

ARTICLE I NAME

The name of the corporation shall be: **SGL U.S.A. SALES AND SERVICE, CORP**

ARTICLE II PRINCIPAL OFFICE

Principal Address and Mailing Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Title: **PRESIDENT**
Name: **NELSON SUAREZ** (80 of shares and 80% of actions)
Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

Title: **ADMINISTRATOR**
Name: **RAFAELA GUTIERREZ** (10 of shares and 10% of actions)
Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

Title: **ASSISTANT**
Name: **KENIA LARRE** (10 of shares and 10% of actions)
Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

ARTICLE VI REGISTERED AGENT

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

Name: **NIEVES SUAREZ**
Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

The name and address of the Incorporator is:

Name: **NELSON SUAREZ**
Address: **1845 NW 112 AVE UNIT 205
MIAMI, FL 33172**

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

Date: **January 21, 2013**

Nieves Suarez

Required Signature/Registered Agent

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 5.817.155, F.S.

Date: **January 21, 2013**

[Signature]
Required Signature/Incorporator