7136006 14135

| (Re | questor's Name) | | |
|-------------------------|-------------------|-------------|--|
| (Ad | dress) | | |
| (Ad | dress) | | |
| (Cit | y/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
| | | | |
| | | | |
| | | | |

Office Use Only



500244201065

02/11/13--01015--009 **78.75

SECRETARY OF STATE ALLAHASSEE, FLORIDA

13 FEB || AM 9: 44

COVER LETTER

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

| SUBJECT: SAN | NJB SOLUTIONS (PRÓPOSED CORPORA | SINC. | UDE SUFFIX) |
|----------------------|--|--|---|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |

| FROM: | SANJB SOLUTIONS INC. |
|---------|---|
| 1101111 | Name (Printed or typed) |
| | 11723 SW 107TH LANE |
| | Address |
| | MIAMI, FLORIDA 33186 |
| | City, State & Zip |
| | 305-606-4019 |
| | Daytime Telephone number |
| | ABELABS@AOL.COM E-mail address: (to be used 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 | ME ation shall be: SANJB SOLUTIO | NS INC. | | |
|-------------------------------------|---|--------------------------|--------------------------|--|
| | INCIPAL OFFICE Principal street address | | ailing address, if diffe | erent is: |
| 11723 SW 10 | | | | |
| • | RPOSE the corporation is organized is: | GAGE IN AN | IY LAWFUL | BUSINESS |
| | | | | |
| The number of shares o | TIAL OFFICERS AND/OR DIRECTOR | | . " | 13 FEB I I AI SECTION AND CONTRACT CONT |
| Name and Titl | e: ABEL A BERMEJO - PRESIDENT 11723 SW 107TH LANE | Name and Title: Address: | | AM 9: 1 |
| | MIAMI, FL 33186 | - - - | | Am F |
| Name and Title | :: | Name and Title: | | |
| Address | | Address: | | · · · · · · · · · · · · · · · · · · · |
| Name and Title | : | Name and Title: | | |
| Address | | Address: | | |
| | | _ | | , |

| Name ar | nd Title: | Name and Title: |
|--------------------------------------|--|--|
| Addres | s | Address: |
| | | |
| ARTICLE VI The name and F | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of | the registered agent is: |
| Name: | ABEL A BERMEJO | |
| Address: | 11723 SW 107TH LANE | |
| Address. | MIAMI, FL 33186 | |
| | | |
| ARTICLE VII | | |
| he <u>name and a</u> | ddress of the Incorporator is: | |
| Name: | ABEL A BERMEJO | • |
| Address: | 11723 SW 107TH LANE | |
| | MIAMI, FL 33186 | |
| Having been na his certificate, I | am familiar with anlt accept the appointment as regi. | 02/08/2013 |
| • | Required Signature/Registered Agent | Date |
| | cument and affirm that the facts stated herein are to Department of Stafe constitute of a third degree felony | rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S. |
| | ft l | 02/08/2013 |
| | Required Signature/Incorporator | Dates 3 |
| | (| 13 FEB |
| | | 75H |
| | | tri |
| | | ا ترب الله المساورة الله المساورة الله المساورة الله الله الله الله الله الله الله الل |
| | • | OF STATE |