## 13000101793

(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
(Busii	ness Entity Nar	me)
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(Docu	iment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
	(* 1.10. 002.2 003.1 01.1		<u> </u>
Enclosed are an orig	inal and one (1) copy of the art	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	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	JPY REQUIRED
FROM:	Basen Hat	e (Printed or typed)	<del></del>
2	502 Springhill	R J Address	
	Tall har	Sce FL, State & Zip	32305
<del></del>	850 491 9955 Daytime	Telephone number	
<u>b</u>	asen hakin a	ho Truit - Com	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)

The name of the corporation shall be: Ses	+ Maters Inc		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if different is:	
2502 Springhill Rd			
Tallaharrer, fl 323			
ARTICLE III PURPOSE		<del></del>	
The purpose for which the corporation is organized is:	To Sell C	ars, Trucks	
ADDICE DE CHARDO		DEC.	
The number of shares of stock is:	<del> </del>	27	
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS	AN III LY	
Name and Title: Basen Haki		三 原	
Address 1957 Darryl	·		
Tallahasser			
32301			
Name and Title:	Name and Title:		
Address	Address:		
<del></del>			
Name and Title:	Name and Title:		
Address	Address:		
		ECOTIVE DAFE	

Name	and Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT ac	ceptable) of the registered agent is:	
Name:	Basen Hati		Effective
Address:	1957 Darryl	Dr Apt D	
	Tallahassee, f		Effective Date: 1-1-12
ARTICLE VI	I INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	Ba Sem Ha		
Address:	1957 Darr	of Dr Apt 1	$\mathcal{O}$
	Tallahassey		
Having been nothing this certificate,	named as registered agent to accept service . I am familiar with and accept the appoint	e of process for the above stated co ment as registered agent and agree	orporation at the place designated in e to act in this capacity
			12127112
	Required Signature/Registered	Agent	Date
I submit this a document to th	locument and affirm that the facts stated be Department of State constitutes a third a	herein are true. I am aware that a legree felony as provided for in s.8	the false information submitted in a 17.155, F.S.
			12/27/13
	Required Signature/Incorpor	ator	Date

OI/OI/I

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