

P/4000012005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

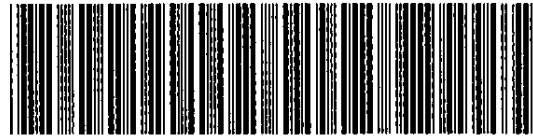
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB -3 AM 10:14
PALM BEACH COUNTY FLORIDA

[Signature] 02/10/14

COVER LETTER

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

SUBJECT: S & S NANA, CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 COPY REQUIRED

FROM: SAINTALES SAUTILMA
Name (Printed or typed)

4510 SW 18TH ST
Address

WEST PARK, FL 33023
City, State & Zip

786-344-1994
Daytime Telephone number

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 NAME

The name of the corporation shall be: S & S NANA, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4510 SW 18TH ST
WEST PALM, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANYTHING & ALL LEGAL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANTIALES SANTIVIA -

President
Name and Title: _____

Address 4510 SW 18TH ST
WEST PALM, FL 33023

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SAINTELES SANTIUMA
 Address: 4520 SW 18TH ST
WEST PARK, FL 33023

14 FEB - 3 AM 10:14
 FALLS CHURCH VA
 DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAINTELES SANTIUMA
 Address: 4520 SW 18TH ST
WEST PARK, FL 33023

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

[Signature] SAINTELES SANTIUMA 01-22-14
 Required Signature/Registered Agent Date

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 s.817.155, F.S.

[Signature] SAINTELES SANTIUMA 01-22-14
 Required Signature/Incorporator Date