P14000036080

(Requestor's Name)				
,				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MA	AIL			
(Business Entity Name)				
(Document Number)				
Contified Covins				
Certified Copies Certificates of Status _				
Special Instructions to Filing Officer:				
·				
	1			
	1			
	1			

B4/23



500258399995

04/02/14--01018--017 **78.75

14 APR 21 AH 10: 50

SHEELY SUURED JO HOISIAID

Coppected Document.

COVER LETTER

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

SUBJECT:	EMVe In(\sum_{i}	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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	PY REQUIRED
FROM:	Camilo	Jalencia	
		e (Printed or typed) Ny 745 [†] Apt Address	108.
	MiaM: City,	FL 33178 State & Zip	
	305 - 206 Daytime T	2-35 00 Telephone number	
	E-mail address: (to be use	MCIADO AMuil ed 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 No.	PAME oration shall be: SM VC INC		
ARTICLE II P.	RINCIPAL OFFICE Principal street address 0410 NW 745+ AP+108 Miami, FL, 33178		ddress, if different is:
ARTICLE III PU The purpose for whice ACCUSS ON 45	TRPOSE h the corporation is organized is: Sules Olectronics Frances	& Distribution A ripar part	Of Clommy, S.
ARTICLE IV Si	HARES of stock is: 100		IL APR 2 I
Name and T	vitial officers and/or director inle: Camilo Vulencia preside 104 NW 7457 Apt 108	Name and Title:	AH IO: 50
Address	Miami, FL, 33178	Address:	
Name and Ti	tie:	_ Name and Title:	
Address			
Name and Ti	tle:		
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT: The name and Florida street address (P.O. Box NOT acceptable) Name: OMID VALUATION OMID VAL	14 APR 21
The name and address of the Incorporator is: Name: Camilo Valencia. Address: 10410 NW 745+ M MIAMIN 1235/78.	AM 10: 50
Having been named as registered agent to accept service of prothis certificate, I am familiar with and accept the appointment of Required Signature/Registered Agent	4/11/11
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree of Required Signature/Incorporator	fare true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.