PI SOUDUITARY

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COVER LETTER

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

SUBJECT: Sau	ıra, İnc.		
50D0EC1	(PROPOSED CORPORA	ITE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal 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
	latthew Stock Name 34 W. Jeffersor	e (Printed or typed)	···
		Address	
Та	allahassee, FL	32301	
3	City,	State & Zip	
	Daytime T	elephone number	
m	rs13e@my.fsu.ed	u	
	E-mail address: (to be use	d for future annual report i	notification)

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION 15 FEB 20 PM 3: 32

OF

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Saura, Inc.

ARTICLE I Name

The name of the corporation is Saura, Inc.

ARTICLE II Duration

The period of existence of the corporation is perpetual.

ARTICLE III Principal Office and Mailing Address

The principal place of business of the corporation is at 402 169 CT NB, Bradenton, Florida 34212. The mailing address of the corporation is the same.

ARTICLE IV Purpose

The purpose for which the corporation is organized is to conduct any and all lawful business.

ARTICLE V Authorized Shares

The corporation is authorized to issue 1,000,000 shares of common stock having no par value.

ARTICLE VI Registered Office and Registered Agent

The initial registered office is at 402 169 CT NE, Bradenton, Florida 34212. The name of the initial registered agent at that address is Matthew Miller.

ARTICLE VII Directors

The initial board of directors shall consist of four members.

ARTICLE VIII Incorporators

The name and address of the incorporator is: Matthew Stock, 434 W. Jefferson St. #308, Tallahassee, Florida 32301.

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Maying peen named as registered agent to accept service of brocess for the apove stated
corporation at the place designated in this certificate, I certify that I am familiar with and
accept the approintment as/registered agent and agree to act in this capacity
1/2 N - 2/16/15
Required Signature/Registered Agent Date Date
I submit this document and affirm that the facts stated herein are true. I am aware that 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.
Mother 2/20/15
Required Signature/Incorporator Date