

# P/5000019908

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLANCO ACCOUNTING I, INC.  
Account Number : 120100000060  
Phone : (305)828-1148  
Fax Number : (305)828-1709

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SAUMARY CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

*K 03/03/15*

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## 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: **SAUMARY CORP****ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

**125 NW 8 TH AVE****HALLANDALE FL 33009****ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **ANY AND ALL LAWFUL BUSINESS****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **SAUL SUAREZ PRESIDENT**

Name and Title:

Address

**125 NW 8 TH AVE**

Address:

**HALLANDALE FL 33009**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: SAUL SUAREZ  
Address: 125 NW 8 TH AVE  
HALLANDALE FL 33009

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SAUL SUAREZ  
Address: 125 NW 8 TH AVE  
HALLANDALE FL 33009

*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*

*Saul Suarez*  
Required Signature/Registered Agent

3/2/2015  
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.*

*Saul Suarez*  
Required Signature/Incorporator

3/2/2015  
Date

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