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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (City/State/Zip/Phone #) | | |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Document Number) | | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only

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STORETABLE FIRSTA

COYER LETTER

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

| SUBJECT: Sur | vival One, Inc. | | | | |
|----------------------|---|--|---|---------|------|
| | (PROPOSED CORPORA | TE NAME – MUST INCLI | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the art | icles of incorporation and | l a check for: | - | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | |
| FROM, | ose D. Farina, S Name 850 SW 82 Stre | e (Printed or typed) | | | |
| <u></u> | | Address | | | |
| M | iami, Florida 331 | | <u></u> | | |
| 7 | City, 86 298-6270 | State & Zip | | 15 MAR | चा |
| | Daytime T | elephone number | | 20 | FILE |
| Jo | OSEST@ensiadv.cor E-mail address: (to be use | nd for future annual report | notification) | M 8: 59 | Ö |

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



DE DE INFO 15 MAR 20 PM 4: 03

FLORIDA DEPARTMENT OF STATE

March 11, 2015

JOSE D. FARINA, SR. 8850 SW 82 STREET MIAMI, FL 33173

SUBJECT: SURVIVAL ONE, INC. Ref. Number: W15000017434

We have received your document for SURVIVAL ONE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 115A00004980

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the corpo | oration shall be: Survival One, I | nc. | FILED |
|------------------------------------|--|-----------------|--|
| | RINCIPAL OFFICE Principal <u>street</u> address | | 15 MAR 20 AM 8: 59 Mailing address, if different is: |
| Suite 100 | | | i on the strength of the Wistern |
| Miami, Fl. 33 | 3173 | | - and all the state of the stat |
| ARTICLE III PU | TRPOSE h the corporation is organized is: | duct any and | all lawful business. |
| | | | |
| | | | |
| ARTICLE IV SI The number of shares | HARES of stock is: 10 | | |
| | VITIAL OFFICERS AND/OR DIRECT | <u>ORS</u> | President |
| Name and Ti | _{itle:} Lucia Farina 8850 SW 82 St. | Name and Title: | President |
| Address | Miami, Fl. 33173 | Address: | |
| | | | |
| Name and Tit | Jose D. Farina, Sr. | Name and Title: | Vice President |
| Address | 8850 SW 82 Street | Address: | |
| 7 144 000 | Miami, Fl. 33173 | | |
| | | <u> </u> | |
| Name and Tit | | Name and Title: | Vice President |
| Address | 7315 SW 87 Ave. | Address: | |
| | Suite 100 | | |
| | Miami, Fl. 33173 | | |

| Name ar | nd Title: N | ame and Title: |
|--------------------------------------|---|--|
| Address | A | ddress: |
| | | |
| | | |
| ARTICLE VI | REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of the | registered agent is: |
| Name: | Jose D. Farina, Sr. | registered agent is. |
| Address: | 8850 SW 82 Street | |
| | Miami, Fl. 33173 | |
| ARTICLE VII | <u>INCORPORATOR</u> | |
| he name and a | ddress of the Incorporator is: | |
| Name: | Lucia Farina | |
| Address: | 8850 SW 82 Street | |
| | Miami, Fl. 33173 | |
| Taving been nai his certificate,) | am familiar with and accept the appointment as registe | |
| X | n'X mm: | 3/5/2015 |
| | Required Signature/Registered Agent | Date |
| submit this doc locument to the | cument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as | . I am aware that the false information submitted in a provided for in s.817.155, F.S. |
| Musi | Required Signature/Incorporator | 3/5/2015 |
| <i>[</i> | | 1 Into |

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