## P1500051223

| 's Name)                                |  |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |  |
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| Zip/Phone #)                            |  |  |  |  |  |  |
| WAIT MAIL                               |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| ertificates of Status                   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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Office Use Only

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## **COVER LETTER**

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

Sasha Noelle Bassi P.A.

| UBJECT:                 |   | (PROPOSED CORP                               | PORAT     | E NAME – <u>MUST INCL</u>             | UDE SUFFIX)   |             |
|-------------------------|---|--|-----------|---------------------------------------|---|-------------|
|                         |   |  |           |                                       |   |             |
| nclosed are an          | origi                                   | nal and one (1) copy of th                   | he articl | es of incorporation and               | 1 a check for:  | _           |
| ☐ \$70.00<br>Filing Fee |   | □ \$78.75 Filing Fee & Certificate of Status |           | ■ \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certified Cop   |             |
|                         |   |  |           | ADDITIONAL CO                         | Status  PY REQUIRED   | ,           |
|                         |   |  | L         |                                       |   |             |
| FROM:                   | Name (Printed or typed) 2144 SW 24th St |  |           |                                       |   |             |
|                         | Address                                 |  |           |                                       |   |             |
|                         | Miar                                    | ni, FL 33145                                 |           |                                       |   | 15          |
|                         | 786-2                                   | 247-3400                                     | City, St  | ate & Zip                             | \$100 (100 m)<br>\$100 (100 m)<br>\$100 (100 m)<br>\$100 (100 m)<br>\$100 (100 m) | 5 JUL -     |
|                         |   | Daytii                                       | ime Tel   | ephone number                         |   | ~           |
|                         | sasha                                   | bassi@yahoo.com                              |           |                                       | Service Same  | <del></del> |
|                         |   | E-mail address: (to be                       | e used f  | or future annual report i             | notification)   | :<br>ၽွ     |

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 18, 2015

SASHA BASSI 2144 SW 24TH STREET MIAMI, FL 33145

SUBJECT: SASHA NOELLE BASSI P.A.

Ref. Number: W15000042415

We have received your document for SASHA NOELLE BASSI P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific business purpose of the professional association must be stated in the document.

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: 715A00012877

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

| The name of the corporation shall be:   | SSI P.A.   |
|---|--|
| ARTICLE II PRINCIPAL OFFICE Principal street address 2144 SW 24th St. Miami, FL 33145           | 15 JUL -7 PM 1: 3  Mailing address, if different is: |
|   |  |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is                      | : Real Estate  |
| <del></del>   |  |
|   |  |
| ARTICLE IV SHARES The number of shares of stock is: 500.  ARTICLE V INITIAL OFFICERS AND/OR DIR |  |
| Name and Title:   | Name and Title:                                      |
| Address   | Address:   |
|   |  |
| Name and Title:   | Name and Title:                                      |
| Address   | Address:   |
|   |  |
| Name and Title:   | Name and Title:                                      |
| Address _ ·   | Address:   |
|   |  |

| Name an            | d Title:  | Name and Title:  |
|--------------------|---|--|
| Address            | · · · · · · · · · · · · · · · · · · ·   | Address:   |
|                    |   |  |
|                    | <u>REGISTERED AGENT</u><br>lorida street address (P.O. Box NOT acceptable                             | o) of the registered agent is:   |
| Name:              | Sasha Bassi   | , of the registered agent is.  |
| Address:           | 2144 SW 24th St   |  |
| 7144.055.          | Miami, FL 33145   |  |
| ARTICLE VII        | <u>INCORPORATOR</u>   |  |
| The name and ac    | ddress of the Incorporator is:  |  |
| Name: Address:     | Sasha Bassi   | <b>₩</b>   |
|                    | 2144 SW 24th St   | <del></del>  |
|                    | Miami, FL 33145   | <del>_</del><br>   |
| Effective date, if |   | . (OPTIONAL) nnot be more than five business days prior or 90 business   |
|                    | e inserted in this block does not meet the applical ffective date on the Department of State's record | ble statutory filing requirements, this date will not be listed as ds.   |
|                    |   | cess for the above stated corporation at the place designated in<br>registered agent and agree to act in this capacity |
|                    | Required Signature/Registered Agent   | Collissi Collissi  |
|                    | cument and affirm that the facts stated herein a<br>Department of State constitutes a third degree fe | are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S.                |
| Requi              | ired Signature/Incorporator   | Si Q 11 15.  |