P15000067272

(Requestor's Name)
(Address)
(Address)
(1331-17)
(0) (0) 4 (7) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

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

SUBJECT: SI	NTEQ5, Inc.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☐ \$70.0 Filing Fe	• • • • • • • • • • • • • • • • • • • •	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		e (Printed or typed)			
	5151 Collins Avenue, Suite 932				
	Address				
	Miami Beach, Fl. 33140				
	City, State & Zip				
	305-867-9539				
	Daytime Telephone number				
	kfalbo@atlanticbb.net				
	E-mail address: (to be use	ed for future annual report i	notification)		

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



July 22, 2015

STEFANO FALBO 5151 COLLINS AVENUE SUITE 932 MIAMI BEACH, FL 33140

SUBJECT: SINTEQ5, INC. Ref. Number: W15000049066

We have received your document for SINTEQ5, INC. 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return 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.

Carol Mustain Regulatory Specialist II

Letter Number: 315A00015336

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

herein mentioned. ARTICLE IV SHARES The number of shares of stock is: In the number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address S151 Collins Avenue, 932 Miami Beach, Fl. 33140 Name and Title: Address Stefano Falbo - DVT Name and Title: Address Miami Beach, Fl. 33140 Name and Title:	ARTICLE IT TRIN	CIPAL OFFICE Principal street address	Mailing add	ress, if different is:
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Address Stefano Falbo - DVT Name and Title: Address Stefano Falbo - DVT Name and Title: Address Stefano Falbo - DVT Name and Title: Address Miami Beach, Fl. 33140 Name and Title: Name and Title:	5151 Collins Avenue,	suite 932		
The purpose for which the corporation is organized is: laws of the United States and the State of Florida. To generally have and exercise all powers, rights and privileges necessary and incident to carrying out properly the object herein mentioned. ARTICLE IV SHARES 1,000.00 c. stocks with 0.10 par value	Miami Beach, Fl. 3314	40		
To generally have and exercise all powers, rights and privileges necessary and incident to carrying out properly the object herein mentioned. ARTICLE IV SHARES 1,000.00 c. stocks with 0.10 par value STARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	The purpose for which	the corporation is organized is:	age in any and all lawful business o	r activity permitted under the
Name and Title: Name and Title: Stefano Falbo - DVT Name and Title: Address Name and Title:			and management and in sident to commit	
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Name and Title:		Name and Title:	
Addre	·ss	Address:	
		•	
	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:	
Name:	STEFANO FALBO		
Address:	5151 Collins Avenue, Suite 932		
	Miami Beach, Fl. 33140		
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and</u>	address of the Incorporator is:		
Name:	STEFANO FALBO		
Address:	5151 Collins Avenue, Suite 932		
. radioss.	Miami Beach, Fl. 33140		
ARTICLE VIII	I_EFFECTIVE DATE:		
Effective date,	if other than the date of filing:	(OPTIONAL)	
(If an effective days after the		annot be more than five business days prior or 90 business	
	te inserted in this block does not meet the applic effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.	
Having been no this certificate,	amed as registered agent to accept service of pr I am familiar <u>with and a</u> ccept the orpgintment o	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
	Supm Javo	July 29, 2015	
	Required Signature Registered Agent	Date	
	ocument and affirm that the jacts stated harein e Departme <u>nt of Staty</u> constitutes a third afgree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.	
	Slefon Jal	July 29, 2015	
Req	uired Signature/lucorporator	Date	