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(Business Entity Name)

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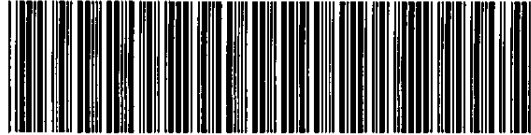
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15 NOV -9 AM 8:01

COVER LETTER

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

SUBJECT: Satori Global Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Anisa Ackbarali

Name (Printed or typed)

2498 NE 5th Ave

Address

Boca Raton, FL 33431

City, State & Zip

(954) 562-1946

Daytime Telephone number

anisa@bellsouth.net

E-mail address: (to be used for future annual report notification)

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

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: SATORI GLOBAL INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2498 NE 5th Ave

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The general character or nature of the business to be transacted by this corporation is to engage in any activity or business

permitted under the laws of the United States of America and of this state.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares of par value stock at \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rafic Ackbarali - President

Name and Title: _____

Address 2498 NE 5th Ave

Address: _____

Boca Raton, FL 33431

Name and Title: Soreya Ackbarali - Vice President

Name and Title: _____

Address 2498 NE 5th Ave

Address: _____

Boca Raton, FL 33431

Name and Title: Anisa Ackbarali - Secretary/ Treasurer

Name and Title: _____

Address 2498 NE 5th Ave

Address: _____

Boca Raton, FL 33431

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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: Anisa Ackbarali
Address: 2498 NE 5th Ave
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Rafic Ackbarali
Address: 2498 NE 5th Ave
Boca Raton, FL 33431

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Anisa Ackbarali
ANISA ACKBARALI Required Signature/Registered Agent

10/29/2015
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.

Rafic Ackbarali
RAFIC ACKBARALI Required Signature/Incorporator

10/29/2015
Date