

Jan/25/2016/MO 01:18 PM FAX NO. 001  
**P16000020031**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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16 JAN 25 PM 2:28  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
BOLIVAR SARRIA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 1/26

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FAX No.

P. 002

**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: BOLIVAR SARRIA CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2530 W 56 ST APT 609

HIACLEAH, FL 33016

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

SHARES: 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BOLIVAR SARRIA CORREA (P)

Name and Title: \_\_\_\_\_

Address 2530 W 56 ST APT 609

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

HIACLEAH, FL 33016

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

JAN/25/2016/MON 01:18 PM

FAX No.

P. 003

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: BOLIVAR SARRIA CORREA

Address: 2530 W 56 ST APT 609

HIALEAH, FL 33016

**ARTICLE VII INCORPORATOR**

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

Name: BOLIVAR SARRIA CORREA

Address: 2530 W 56 ST APT 609

HIALEAH, FL 33016

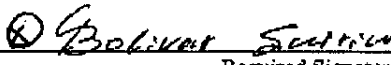
**ARTICLE VIII EFFECTIVE DATE:**

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*

 Bolivar Sarría Correa  
Required Signature/Registered Agent

01/22/2016  
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.*

 Bolivar Sarría Correa  
Required Signature/Incorporator

01/22/2016  
Date

16 JAN 25 PM 12:33  
DEPT OF STATE  
TALLAHASSEE FLORIDA