

Division of Corporations

Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H16000134940 3)))



H160001349403ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954) 428-8899  
Fax Number : (954) 428-6699

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: ALFOMNIRE@GMAIL.COM

**FLORIDA PROFIT/NON PROFIT CORPORATION  
EXPERT ASSEMBLY SOLUTIONS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

*R 06/03/16*

FILED  
15 JUN -2 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

16 JUN -2 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

H16000134940 3

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

**ARTICLE I NAME** EXPERT ASSEMBLY SOLUTIONS, INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1770 S. STATE ROAD 7 UNIT 207  
NORTH LAUDERDALE, FL 33068

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LEGAL  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	SANTINO BURAN, PRES	Name and Title:	_____
Address	1770 S. STATE ROAD 7 UNIT 207	Address:	_____
	NORTH LAUDERDALE, FL 33068		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

H16000134940 3

16 JUN -2 AM 11:55

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H16000134940 3

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: SANTINO BURAN  
 Address: 1770 S. STATE ROAD 7 UNIT 207  
NORTH LAUDERDALE, FL 33068

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SANTINO BURAN  
 Address: 1770 S. STATE ROAD 7 UNIT 207  
NORTH LAUDERDALE, FL 33068

**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*\_\_\_\_\_  
Required Signature/Registered Agent6/1/2016  
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.817.133, F.S.*\_\_\_\_\_  
Required Signature/Incorporator6/1/2016  
Date

H16000134940 3

 FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 16 JUN -2 AM 11:55