

PLEASE

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
SARMIENTO HOLDING GROUP, INC**

Certificate of Status	0
Certified Copy	1
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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: SARMIENTO HOLDING GROUP, 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: JOSE LOPEZ

Name (Printed or typed)

17121 COLLINS AV. 6TH FLOOR BUSINESS CENTER

Address

SUNNY ISLES BEACH, FL 33160

City, State & Zip

954-263-2828

Daytime Telephone number

JOSEARTUROLOPEZ@GMAIL.COM

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: SARMIENTO HOLDING GROUP, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17121 COLLINS AV. 5TH FLOOR BUSINESS CENTER

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RICARDO SARMIENTO / P

Address: 17121 COLLINS AV. 6TH FLOOR
SUNNY ISLES BEACH, FL 33160

Name and Title: JUAN CAMILO PINZON/CFO

Address: 17121 COLLINS AV. 6TH FLOOR
SUNNY ISLES, FL 33160

Name and Title: JOSE LOPEZ /CEO

Address: 17121 COLLINS AAV. 6TH FLOOR
SUNNY ISLES, FL 33160

Name and Title: JOSE OMAR FERNANDEZ/CMO

Address: 17121 COLLINS AV. 6TH FLOOR
SUNNY ISLES, FL 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: JOHN L ABITANTE CPA, P.A
Address: 12401 ORANGE DR. SUITE 100C
DAVIE, FL 33330

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN L ABITANTE CPA, P.A
Address: 12401 ORANGE DR. SUITE 100C
DAVIE, FL 33330

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2016 (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 Agent

06/27/2016

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.



Required Signature/Incorporator

06/27/2016

Date