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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703

Fax Number : (718)504-7890

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

Email Address: contact@interstatefilings.com

FLORIDA PROFIT/NON PROFIT CORPORATION SEBVIVI ENTERPRISES, INC.

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Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

	SEBVIVI ENTERP			
ARTICLE II PRINCIPAL OFFICE Principal street address 6070 ALTON RD.		Mailing add	ress, if different is:	
		6070 ALTON RD.		
MIAMI BEACH	MIAMI BEACH, FL 33140		MIAMI BEACH, FL 33140	
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is: ANY LA	WFUL PURPOS	E	
		<u> </u>		
		,		
			<u> </u>	
		- -		
			<u> </u>	
ARTICLE IV SHA	IRES 200		P	
The number of shares of	stock is: 200		·····	
ADTICLE IL INIM	TIAI OFFICERS AND/OF DIFFCTOR	2	3: 44 FORIBA	
	<i>TIAL OFFICERS AND/OR DIRECTORS</i> JOHN K. WHITEHEAD, PRESIDENT		منة	
Name and Title	6070 ALTON RD.	Name and Title:		
Address	MIAMI BEACH, FL 33140	Address:		
	WILKINI BEACH, 1 E 33140			
Name and Title	<u> </u>	Name and Title:	<u> </u>	
Address		Address:		
Name and Title		Name and Title:		
Address		Address:		
			_	

Fm:Interstate Filings LLC	TO:SEBVIVI ENTERPRISES 0 100 042853	3)))	
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(conti.)

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	JOHN K. WHITEHEAD	<u> </u>
Address:	6070 ALTON RD.	EB.
	MIAMI BEACH, FL 33140	
		PH 3: 44
ARTICLE VII	INCORPORATOR	FEORIDA
The name and ac	Idress of the Incorporator is:	
Name:	JOHN K. WHITEHEAD	>
Address:	6070 ALTON RD.	
	MIAMI BEACH, FL 33140	
\sim		
Having been nam this certificate, Li	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
[[]	i Will the	2/5/18
7/1	Required Signature Registered Agent	Date!
I submit this doc	uppent and affirm that the facts stated herein are h	rue: I am aware that the false information submitted in a
aocument to the	pepartment of state constitutes a third degree felony	y as provided for in s.817.155, F.S.
<i>[</i>	Required Signalité/Incolpogator/	Dak