

P1800000998666

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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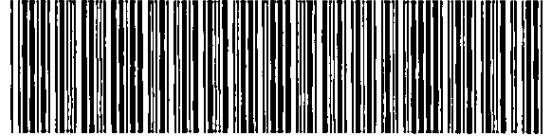
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/16/18--01021--003 \*\*60.00

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FILED  
18 DEC 10 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 11 2018  
T SCHROEDER

**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: SANDY GROUP ENTERPRISES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Principal street address  
151 N NOB HILL ROAD #337

PLANTATION, FL 33324

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DOING BUSINESS IN THE USA AND ABROAD

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000,000 (TEN MILLION)

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

Name and Title: OKOLO SANDY - PRESIDENT

Address: 151 N NOB HILL ROAD #337  
PLANTATION, FL

Name and Title: ALCINA WALTERS-SANDY - SECRETARY

Address: 151 N NOB HILL ROAD #337  
PLANTATION, FL 33324

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

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

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

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: OKOLO SANDY  
Address: 151 N NOB HILL ROAD #337  
PLANTATION, FL 33324

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: OKOLO SANDY  
Address: 151 N NOB HILL ROAD #337  
PLANTATION, FL

\*\*\*\*\*

*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

11/05/2018  
\_\_\_\_\_  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any 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

11/05/2018  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA