1/13/2020

Division of Corporations

## Florida Department of State

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(((H200000132703)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

Email	Address:			

## FLORIDA PROFIT/NON PROFIT CORPORATION Sacasha Inc.

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

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Help



To: 18506176381 From: 12143052508 Date: 01/13/20 Time: 9:58 AM Page: 02/03

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

ARTICLE I NAM	<u>ration shall be: Sacasha Inc.</u>	· : #**			
		,15 k			
ARTICLE II PRII	NCIPAL OFFICE Principal street address	Mailing address, if different is:			
796 SW 20th Court		<del></del>			
Delray Beach, FL 3	3445				
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is: Any la	awful purpose. Sacasha Inc. is a	company that provides optimal		
	nal consulting, administrative, project an		<del></del>		
inspirational leadersh	ip with a track record of documented cor	ntributions leading to improved fi	inancial performance, heightened		
productivity and enha	nced internal controls. We take the time	to identify our client's needs and	provide them with customized		
	aximizing their returns and minimizing				
ARTICLE IV SHA	<u>RES</u> 1,000				
The number of shares	of stock is:	<del></del>			
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS	•	· 21		
	tle: Sacasha Brown, President and	Name and Title:	2020 J SECT		
Address	Chief Executive Officer				
Address	796 SW 20th Court	Address:	AS E		
	Delray Beach, FL 33445				
		<del></del>	TS =		
Name and Titl	le:	Name and Title:	TE TE		
Address		Address:	<del></del>		
		<del></del>			
		<del>_</del>			
Name and Titl	e:	Name and Title:			
Address					
			<del></del>		
		<del></del>			

(((H20000013270 3)))

		, ,	(((H20000013270 3)))
Name and	d Title:	Name and Title:	
Address		Address:	
			<del></del>
	·		
	REGISTERED AGENT orida street address (P.O. Box NOT accept	table) of the registered agent is:	
Name:	LEGALINC CORPORATE SERVICES IN		
Address:	5237 SUMMERLIN COMMONS BLVD	., SUITE 400	
	FORT MYERS, FL 33907		
ARTICLE VII	<u>INCORPORATOR</u>		2020 JAN 13 SECRETARY
The name and ad	Idress of the Incorporator is:		
Name:	Sacasha Brown		AAR 3
Address:	796 SW 20th Court		
	Delray Beach, FL 33445		MII: 17
			THE T
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	. (OPTIONAL d cannot be more than five days r	.) orior or 90 days after the
filing.)	,		
	inserted in this block does not meet the app flective date on the Department of State's r		ts, this date will not be listed as
	ned as registered agent to accept service of promition with and accept the appointment as		
()(	Required Signature/Registered Age		1/13/2020
	Required Signature/Registered Age	ent	Date
I submit this document to the L	ument and affirm that the facts stated her Department of State constitutes a third degre	ein are true. I am aware that the j ee felony as provided for in s.817.13	false information submitted in a 55, F.S.
a cache Required Signatur		D	01/12/2020

To: 18506176381 From: 12143052508 Date: 01/13/20 Time: 9:58 AM Page: 03/03