

P200000020435

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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02/18/20--01021--024 \*\*78.75

## COVER LETTER

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

SUBJECT: SEDIFE, 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: DIEGO H. FERNANDEZ  
Name (Printed or typed)  
1629 NE 163rd Street  
Address  
North Miami Beach FL 33162  
City, State & Zip  
305 816 6828  
Daytime Telephone number  
dfernandez@lesedife.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 18 PM 4:00

FILED

**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: SEDIFE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1629 NE 163rd Street  
North Miami Beach FL 33162

Mailing address, if different is:  
1629 NE 163rd Street  
North Miami Beach FL 33162

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any Legal Business / Activity permitted in the State  
of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (One hundred)

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

Name and Title: Diego H. Fernandez - President Name and Title: \_\_\_\_\_

Address 1629 NE 163rd Street Address: \_\_\_\_\_  
North Miami Beach FL 33162 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Sergio J. Fernandez - Secretary Name and Title: \_\_\_\_\_

Address 1629 NE 163rd Street Address: \_\_\_\_\_  
North Miami Beach FL 33162 \_\_\_\_\_  
\_\_\_\_\_

Name and Title: DISELE CORP SRL - Treasury Name and Title: \_\_\_\_\_

Address Av. del Mar s/n Edif. Quartier #405 Address: \_\_\_\_\_  
Maldonado - URUGUAY \_\_\_\_\_  
Capital Stock : 100 %) \_\_\_\_\_

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2020 FEB 18 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: DIEGO H. FERNANDEZ

Address: 1629 NE 163rd Street

North Miami Beach FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DIEGO H. FERNANDEZ

Address: 1629 NE 163rd Street

North Miami Beach FL 33162

FILED  
2020 FEB 18 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

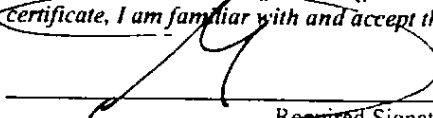
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

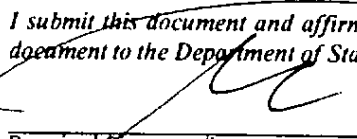
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

02/10/2020  
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

02/10/2020  
Date