Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

Account Name : LAZARUS CORPORATE FILING SERVICE, INI.

Account Number : 1200000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION SEBASTRONIX INC.

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

**ARTICLE 1** NAME: The name of the corporation is:

ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	<u> </u>
15667 SW 14th ST	
Miami, FL 33194	
ARTICLE III SHARES: The number of shares of stock is: 100	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFI	ICERS:
Mario Sebasco - PVST	
	<del></del>
	<del></del>
	<del></del>
ARTICLE V INITIAL REGISTERED AGENT AND STREET	
The name and Florida street address (PO Box not acceptable) of the reg	gistered agent
Mario Sebasco	
15667 SW 14th St	
Miami, FL 33194	
A TOPPE OF THE STATE OF THE STA	Incorporator i
<b>ARTICLE VI INCORPORATOR:</b> The name and address of the	
ARTICLE VI INCORPORATOR: The name and address of the Mario Sebasco	
Maria Cahanan	

## Required Signatures:

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

Registered Agent

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.

Incorporator

Date