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Special Instructions to Filing Officer.				

Office Use Only



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2021 APR 27 PM 2: 00 SECRETARY OF STAIL

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SIBACQ 603 INC		
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature	·· ·	Fictitious Owner Search
Signature .		Vehicle Search
		Driving Record
Requested by: SETH	04/27/21	UCC For 3 File
Name	Date Time	UCC 11 Search
MAINE	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

COVER LETTER

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

SUBJECT: SIBACQ 603 INC.	
	ATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Mimi Bared Name	e (Printed or typed)
201 Alhambra Circle, Su	ite 501
Coral Gables, FL 33134	Address
305-666-6010 Daytime To	elephone number
mimi@baredlaw.com E-mail address: (to be used	for future annual report notification)

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

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

ARTICLE I The name of the cor	NAME SIBACQ 603 INC.	•	
20	PRINCIPAL OFFICE Principal street address O1 Alhambra Circle, Suite 501 oral Gables, FL 33134		iling address, if different is:
ARTICLE III F The purpose for wh Any and all lav	ich the corporation is organized is:		
ARTICLE V	SHARES s of stock is:100 Shares at \$1.00 Par INITIAL OFFICERS AND/OR DIRECT c:Samra Nava Rajwan de Achar, Presid 201 Alhambra Circle, Suite 501 Coral Gables, Fl. 33134	ORS dent Name and Title: Address:	
Name and Title Address:	Abraham Achar Rajwan, Secreta 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	ry Name and Title: Address:	
Name and Title Address:		Name and Title:Address:	
The <u>name and Floric</u> Name: Address: ARTICLE VII 11	EGISTERED AGENT la street address (P.O. Box NOT acceptable) Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134 VCORPORATOR ss of the Incorporator is: Pablo R. Bared, Esq. 201 Alhambra Circle, Suite 501 Coral Gables, FL 33134	of the registered agent is:	2021 Ariz 27 PM
Having been named of this certificate, I am for the second	as registered agent to accept service of procamiliar with and accept the appointment as re	ess for the above stated c egistered agent and agree	orporation at the place designated in to act in this capacity April 23, 2021 Date
submit this docume locument to the Depa	nt and affirm that the facts stated herein and affirm that the facts stated herein and appear of State constitutes a third degree felo Required Signature/Incorporator	re true. I am aware that ony as provided for in s.81	the false information submitted in a 7.155, F.S. April 23, 2021 Date
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