

P21000056188

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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H210002204103ABCM

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

From:
Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (786)650-1600
Fax Number : (786)650-1601

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

Email Address: info@2020TAXPRO.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
SANTANDER SALES INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

21 JUN 14 AM 10:07

2014 JUN 14 PM 12:45

Electronic Filing Menu

Corporate Filing Menu

Help

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June 4, 2021

FLORIDA DEPARTMENT OF STATE

Division of Corporations

DAKOTA ACCOUNTING SERVICES INC

SUBJECT: SANTANDER SALES INC
REF: W21000080764

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Shareta Backey
Regulatory Specialist II

FAX Aud. #: H21000220410
Letter Number: 221A00012151

*COMPLETED
PLEASE SEE
following
pages*

COVER LETTER

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

SUBJECT: Santander Sales 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: 2020 TAX
Name (Printed or typed)

13501 SW 128th Street, STE 217
Address

MIAMI, FL 33186
City, State & Zip

786-650-1600
Daytime Telephone number

info@2020TAXPRO.COM
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be: Santander Sales Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address is

6433 Lemon Tree LN
Miami LAKES, FL 33014

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gensy Jimenez, President Name and Title: _____

Address: 6433 Lemon Tree LN Address: _____
Miami LAKES, FL 33014

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title _____

Address _____

ARTICLE VI REGISTERED AGENT

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

Name Gensy Jimenez
Address 6433 Lemon tree Ln
Miami Lakes 33014

ARTICLE VII INCORPORATOR

the name and address of the incorporator is:

Name Gensy Jimenez
Address 6433 Lemon tree Ln
Miami Lakes 33014

ARTICLE VIII EFFECTIVE DATE

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.

I, _____, 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

6/3/2021
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

6/3/2021
Date

PS of PS