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	(Requestor's Name)	
	(Address)	 _
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	(/ Mai (030)	
	(City/State/Zip/Phone #)	· -
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(2000	
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Certified Copies	_ Certificates of \$	Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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FILED

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 03/09/2022				
			⇔ WALK .	N**
ENTITY NAME_S	ANES TRANSFER, INC.			
DOCUMENT NUME	ER			
	HOLEAGE EUE THE APPAA	VIED AND DEFINALISM	20 :	
	**PLEASE FILE THE ATTAC	MED AND RETURN	2022 HAR	T)
xxxxx	Plain Copy		IR-9	T) =
	Certified Copy		mg 🛌 🕽	77
	Certificate of Status		Fig. 4	·
			<u> </u>	
	PLEASE OBTAIN THE FOLLOWING	? FOR THE ABOVE ENTIT	7/	
	Certified Copy of Arts & Amenda	rents		
	Certificate of Good Standing			
	APOSTILLE' / NOTARIA	L CERTIFICATION		
COUNTRY OF DEST	TINATION			
NUMBER OF CERTI	FICATES REQUESTED			
TOTAL OWED \$7	0.00	ACCOUNT #: I20160	0000072	
		5 8 F/	U	
Please call Tina	at the above number for any issue			

COVER LETTER

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

SUBJECT:	Sanes Transfer	Inc	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Penncorp Servicegroup Name 600 N. 2nd St., Ste	(Printed or typed)	ory
	Harrisburg PA 171	Address 01	
	717-234-2300 City,	State & Zip	
	penncorp	clephone number	
	Ê-mail address: (to be used	for future annual report no	otification)

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 NAME The name of the corpora	Sanes Transfe	r inc	
RTICLE II PRIN	<u>CIPAL OFFICE</u>		
4701 Bartram Pa	Principal street address rk Blvd Apt. 1108		failing address, if different is:
acksonville FL 322	258		
RTICLE III PURP The purpose for which t		ing Industry	
			
RTICLE IV SHARE the number of shares of	stock is: 100		
Name and Title	14701 Bartram Park Blvd #110	•	President
rudioss	Jacksonville FL 32258	Address:	
Name and Title		— — —	
Address			
Name and Title:		Name and Title	
Address			
-			The state of the s
			ALL AHAS

Name and Title:	Name and Title:
A 1.1	Address:
-	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo. Lucas Sanes	x NOT acceptable) of the registered agent is:
Name: 14701-Bartram Park B	
Address: Jacksonville EL 3225	8
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is: Belinda Schory	
Name: 600 N. 2nd St., St	e. 401
Address: Harrisburg PA 171	01
ARTICLE VIII EFFECTIVE DATE:	
(If an effective date is listed, the date must be filing.)	. (OPTIONAL) specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed as t of State's records.
Having been named as registered agent to accept certificate, I am familiar with and accept the app	service of process for the above stated corporation at the place designated in this wintment as registered agent and agree to act in this capacity
Just Hans	3/4/2022
Required Signature/Re	· · · · · · · · · · · · · · · · · · ·
I submit this document and affirm that the fact document to the Department of State constitutes.	is stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
- I smal Sur 1	3/4/2022
Required Signature/Incorporator	Date

