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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

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

Email Address: valerisfa@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Sairet Services Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

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Corporate Filing Menu

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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: Sairet Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 615 NE 10 Street, Hallandale Beach, Apt 104, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Valeri Fuentes, President

Address: 615 NE 10 Street, Hallandale Beach, Apt 104, FL 33009

ARTICLE VI REGISTERED AGENT

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

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

2022 OCT -6 PM 1:58
FILED
CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

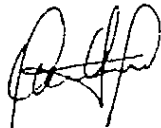
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 10/06/2022

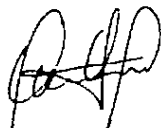
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/06/2022

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

10/06/2022

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DEPT OF STATE
CORPORATION DIVISION
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