

4/6/23, 9:52 AM

Division of Corporations

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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION
SFI Holdeo, Inc.

Certificate of Status	0
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: SFI Holdeo, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3700 Central Ave.Ft. Myers, Florida 33901**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: holding company**ARTICLE IV SHARES**The number of shares of stock is: 90**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Robert J. Brueck - Director, President

Address

3700 Central Ave.Ft. Myers, Florida 33901Name and Title: Lorraine M. Golosow - Director, Secretary

Address:

3700 Central Ave.Ft. Myers, Florida 33901Name and Title: Michael K. Kim - Director

Address

3700 Central Ave.Ft. Myers, Florida 33901

Name and Title: _____

Address: _____

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Address

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: C.T. Corporation SystemAddress: 1200 South Pine Island Road
Plantation, Florida 33324**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Robert BrucekAddress: 3700 Central Ave.
Ft. Myers, Florida 33901**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than 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*By: C.T. Corporation System Stephanie Hencz - Assistant Secretary 4/5/23
Stephanie Hencz Required Signature/Registered Agent 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 of State constitutes a third degree felony as provided for in s.817.155, F.S.*Robert Brucek 4/5/23
Required Signature/Incorporator DateFILED
2023 APR - 6 PM 10: 06
CLERK OF STATE
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