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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GSL ACCOUNTING SERVICES

Account Number : 120200000184 Phone : (786)796-7993 Fax Number (754)217-5939

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

Email	Address:						

## FLORIDA PROFIT/NON PROFIT CORPORATION SEKHRYS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Fax: 75421



August 24, 2023

FLORIDA DEPARTMENT OF STATE Division of Corporations

GSL ACCOUNTING SERVICES

SUBJECT: SEKHRYS CORP REF: W23000115462

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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize. I certify from the records of this office that SEKHRYS CORP is Declaration of Trust, authorized to transact business in the State of Florida, filed on August 24, 2023.

The document number of this trust is W23000115462.

I further certify said trust is active.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

<u>ARTICLE 1</u> NAME: The name of the corporation is:

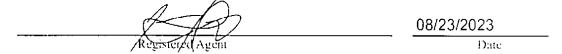
SEKHRYS CORP

## ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is: 1001 N Federal Hwy Ste 102	
Hallandale Beach, Fl 33009	<del></del>
ARTICLE III -SHARES: The number of shares of stock is:100	<del></del>
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
JORGE E DE LA CRUZ (PRESIDENT)	
ELIZABETH S PEREZ (VP)	
	<del></del> -
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDI	ŒSS:
The name and Florida street address (PO Box not acceptable) of the registered GSL ACCOUNTING SERVICES	agent is:
1001 N Federal Hwy, Ste 355	023 AL
Hallandale Beach. Fl 33009	16 25 18 25
ARTICLE VI INCORPORATOR: The name and address of the Incorporation JORGE E DE LA CRUZ	fator isp. 57
1001 N Federal Hwy, Ste 102	
Hallandale Beach, Fl 33009	<del></del>

## Required Signatures:

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



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.

