

P24000074831

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000407336 3)))



H2400040733634BC5

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:  
Account Name : RASI 5  
Account Number : I20040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

Email Address: \_\_\_\_\_

RECEIVED

2024 DEC 11 AM 10:55

SEC. OF STATE  
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION  
SJV INTERNATIONAL GROUP INC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

2024 DEC 11 PM 1:32

**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: SJV INTERNATIONAL GROUP INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

4830 WEST KENNEDY BLVD, SUITE 6004830 WEST KENNEDY BLVD, SUITE 600TAMPA, FL 33609TAMPA, FL 33609**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: AMWAY**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: STEVEN VAZQUEZ

Name and Title: \_\_\_\_\_

Address 4830 WEST KENNEDY BLVD

Address: \_\_\_\_\_

SUITE 600TAMPA, FL 33609

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2024 DEC 11 PM 1:31

Name and Title:	STEVEN VAZQUEZ	Name and Title:	_____
Address	4830 WEST KENNEDY BLVD	Address:	_____
	SUITE 600		_____
	TAMPA, FL 33609		_____

**ARTICLE VI REGISTERED AGENT**

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

Name:	STEVEN VAZQUEZ
Address:	4830 WEST KENNEDY BLVD, SUITE 600
	TAMPA, FL 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:	STEVEN VAZQUEZ
Address:	4830 WEST KENNEDY BLVD, SUITE 600
	TAMPA, FL 33609

**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.

*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*

/s/ STEVEN VAZQUEZ

Required Signature/Registered Agent

12/09/2024

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.*

/s/ STEVEN VAZQUEZ

Required Signature/Incorporator

12/09/2024

Date