

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 327  
Tallahassee, Florida 32314

996000025894

2000001448102  
03/29/95-000007-010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Seven Cities Inc\_\_\_\_\_

I enclose an original and 2\_ copy(ies) of the Articles of  
Incorporation for the above corporation and a check in the amount of  
\$70.00.

SIGNED: \_\_\_\_\_  


From:

Juan Luis Martin\_\_\_\_\_  
Name

7343 El Camino Real #310\_\_\_\_\_  
Address

Atascadero CA 93422\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Telephone Number  
(805 434-2556

FILED  
95 MAR 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

of

Seven Cities Inc

ARTICLE I NAME

The name of the corporation shall be: Seven Cities Inc \_\_\_\_\_

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7343 El Camino Real #310 \_\_\_\_\_

Atascadero CA 93422 \_\_\_\_\_

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of the par value of \$1.00 each

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Juan Luis Martin \_\_\_\_\_

7343 El Camino Real #310 \_\_\_\_\_

Atascadero CA 93422 \_\_\_\_\_

ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

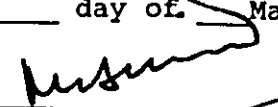
Juan Luis Martin \_\_\_\_\_

7343 El Camino Real #310 \_\_\_\_\_

Atascadero CA 93422 \_\_\_\_\_

The undersigned has executed these Articles of Incorporation this \_\_\_\_\_ 24th \_\_\_\_\_ day of \_\_\_\_\_ Mar \_\_\_\_\_ 1995.

X

  
\_\_\_\_\_  
, Incorporator

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95 MAR 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is:

Seven Cities Inc \_\_\_\_\_.

2. The name and address of the registered agent and office is:

Juan Luis Martin \_\_\_\_\_

7343 El Camino Real #310 \_\_\_\_\_

Atascadero CA 93422 \_\_\_\_\_

Signature: \_\_\_\_\_

Title: President \_\_\_\_\_

Date: 03/24/95 \_\_\_\_\_

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Signature: \_\_\_\_\_

Date: 03/24/95 \_\_\_\_\_

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95 MAR 29 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

96 OCT 30 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Corporation Name

SEVEN CITIES INC.

900001998729--7  
-11/07/95--01026--007  
\*\*\*200.00 \*\*\*200.00

Principal Place of Business	Mailing Address
4364 Bonita Rd. #603 Bonita CA 91902-1421	Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Now Principal Office Address, If Applicable

3. Now Mailing Address, if Applicable

4 Date Incorporated or Qualified To Do Business in Florida

03/29/1995

Suite, Apt #, etc

Supp. App. # 104

**5. FEI Number**

**Applied For**

City &amp; State

City &amp; State

58-2165474

Not Applicable

Zip	Country
-----	---------

Zip	Country
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**CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required  
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JUAN L. MARTIN	4364 Bowite Rd. # 603	Bowite CA 91902-1421
			900001988729--7
			11/07/96 01026-008
			****175.00 ****175.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

JUAN L. MARTIN  
4364 Bowita Rd # 603  
Bowita CA 91902-1421

Name	ESTHER MONZON
Street Address (P.O. Box Number is Not Acceptable)	2451 BRICELL AVE.
Suite, Apt. #, Etc.	11-M
City	MIAMI

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date 10-28-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12\* I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.