

P95000031120

(Requestor's Name)



400001458004
-04/17/95--01054--014
*****70.00 *****70.00

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Sija, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

APR 11 1995 BSM

Examiner's Initials

FILED

95 APR 17 AM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
SIJA, INC.

THE UNDERSIGNED, A NATURAL PERSON COMPETENT TO CONTRACT, DOES
HEREBY MAKE, SUBSCRIBE AND FILE THESE ARTICLES OF INCORPORATION
FOR THE PURPOSE OF ORGANIZING A CORPORATION UNDER THE LAWS OF THE
STATE OF FLORIDA.

ARTICLE 1

THE NAME OF THIS CORPORATION SHALL BE: SIJA, INC.
WHICH LOCATION IS 2111 AVALON ROAD, SEBRING, FL. 33870

ARTICLE 2

NATURE OF CORPORATE BUSINESS AND POWERS

THE GENERAL NATURE OF THE BUSINESS TO BE CONDUCTED BY THIS
CORPORATION SHALL BE TO ENGAGE IN ANY AND ALL LAWFUL BUSINESS
PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF
FLORIDA.

ARTICLE 3

CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES THAT THIS CORPORATION SHALL BE AUTHORIZED TO ISSUE AND HAVE OUTSTANDING AT ONE TIME SHALL BE 100,000 SHARES OF COMMON STOCK, \$.01 VALUE PER SHARE.

ARTICLE 4

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE.

ARTICLE 5
REGISTERED AGENT AND
INITIAL REGISTERED OFFICE IN FL.

THE REGISTERED AGENT AND THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF THIS CORPORATION IN THE STATE OF FLORIDA SHALL BE:

MR. ORLANDO C. PIEDRA
5394 SW 119TH AVE.
FT. LAUDERDALE, FL. 33330

ARTICLE 6

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY.

ARTICLE 7

THE NAME AND ADDRESS OF THE INITIAL DIRECTOR OF THIS CORPORATION IS:

MRS. JACKIE FERNANDEZ
2111 AVALON ROAD
SEBRING, FLORIDA, 33504

THE PERSON NAMED AS INITIAL DIRECTOR SHALL HOLD OFFICE FOR THE FIRST YEAR OF EXISTENCE OF THIS CORPORATION, OR UNTIL HIS SUCCESSOR IS ELECTED OR APPOINTED AND HAS QUALIFIED, WHICHEVER OCCURS FIRST.

ARTICLE 8

INCORPORATOR

THE NAME OF THE PERSON SIGNING THESE ARTICLES OF INCORPORATION AS THE INCORPORATOR IS ORLANDO C. PIEDRA, AND HIS ADDRESS IS 5394 SOUTHWEST 119TH AVE., FT. LAUDERDALE, FL. 33330

ARTICLE 9

INDEMNIFICATION

THE CORPORATION SHALL INDEMNIFY TO THE FULLEST EXTENT PERMITTED BY FLORIDA STATUTE 607.014, AS MAY BE AMENDED FROM TIME TO TIME ANY DIRECTOR OR OFFICER OF THE CORPORATION WHO IS A PARTY OR IS THREATENED, PENDING OR COMPLETED ACTION OR SUIT BROUGHT AGAINST SAID OFFICER OR DIRECTOR IN THEIR OFFICIAL CAPACITY. THIS CORPORATION SHALL NOT INDEMNIFY ANY DIRECTOR OR OFFICER IN ANY ACTION OR SUIT, THREATENED, PENDING OR COMPLETED, BROUGHT BY HIM AGAINST THE CORPORATION, IN THE EVENT THE OFFICER OR DIRECTOR IS NOT THE PREVAILING PARTY. INDEMNIFICATION OF ANY OTHER PERSONS, SUCH AS EMPLOYEES OR AGENTS OF THE CORPORATION, OR SERVING AT THE REQUEST OF THE CORPORATION AS A DIRECTOR, OFFICER, EMPLOYEE OR AGENT OF ANOTHER CORPORATION, PARTNERSHIP, JOINT VENTURE, TRUST, OR OTHER ENTERPRISE, SHALL BE DETERMINED IN THE SOLE AND ABSOLUTE DISCRETION OF THE BOARD OF DIRECTORS OF THE CORPORATION. PURSUANT TO FLORIDA STATUTE 607.014(9), NO COURT ORDER INDEMNIFICATION SHALL, UNDER ANY CIRCUMSTANCES, BE PERMITTED.

ARTICLE 10

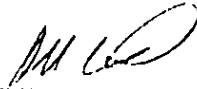
THIS CORPORATION EXPRESSLY ELECTS NOT TO BE GOVERNED BY FLORIDA STATUTE 607.108, AS AMENDED FROM TIME TO TIME, RELATING TO AFFILIATED TRANSACTIONS.

ARTICLE 11

CONTROL SHARE ACQUISITIONS

THIS CORPORATION EXPRESSLY ELECTS NOT TO BE GOVERNED BY FLORIDA
STATUTE 607.109, AS AMENDED FROM TIME TO TIME, RELATING TO
CONTROL SHARE ACQUISITIONS.

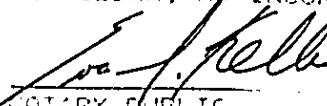
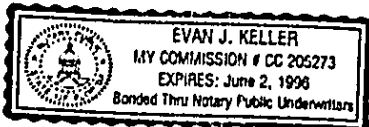
IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR HAS EXECUTED
FOREGOING ARTICLES OF INCORPORATION OF APRIL 11TH, 1995



ORLANDO C. PIEDRA, INCORPORATOR

STATE OF FLORIDA)
)
)
COUNTY OF Palm Beach)

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME ON THIS 11TH
DAY OF APRIL 1995 BY ORLANDO C. PIEDRA, AS INCORPORATOR.


NOTARY PUBLIC
STATE OF FLORIDA

MY COMMISSION EXPIRES: June 2, 1996

I, ORLANDO C. PIEDRA, AM HEREBY FAMILIAR WITH AND ACCEPT THE
DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID
CORPORATION.



ORLANDO C. PIEDRA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1996 OCT 31 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000031120**

1 Corporation Name

SJA, INC.

Principal Place of Business

2111 AVALON RD
SEBRING FL 33870

Mailing Address

2111 AVALON RD
SEBRING FL 33870

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/17/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. 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)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

1

FERNANDEZ, JACKIE

2111 AVALON RD

SEBRING FL 33804

600001998466--9
-1170736--01013--022
***375.00 ***375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

PIEDRA, ORLANDO C
5394 SW 119TH AVE
FT LAUDERDALE FL 33330

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/14/96

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 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Jaqueline Fernandez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELINE FERNANDEZ

Date 10/28/96

(941)-471-9200
Daytime Phone