

P98000025/50

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

200002458572--9
-03/16/98-01128--001
*****70.00 *****70.00

SUBJECT:

SYLFORT Services Inc.

(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

PIERRE FORTIER

Name (Printed or typed)

104 ATLANTIC Ave

Address

HALLANDALE FL 33009

City, State & Zip

954-457-3258

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 MAR 16 AM 9:47

FILED

NOTE: Please provide the original and one copy of the articles.

98-3-18-98

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SYL FORT SERVICES Inc.

ARTICLE II PRINCIPAL OFFICE

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

104 ATLANTIC AVE
HALLANDALE FL 33009

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

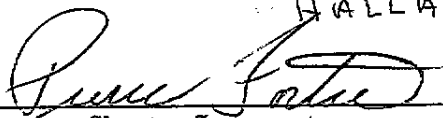
The name and Florida street address of the initial registered agent are:

PIERRE FORTIER
104 ATLANTIC AVE
HALLANDALE FL 33009

ARTICLE V INCORPORATOR

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

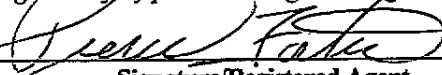
PIERRE FORTIER
104 ATLANTIC AVE
HALLANDALE FL 33009

X 
Signature/Incorporator

Feb 13th 1998
Date

(An additional article must be added if an effective date is requested.)

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

X 
Signature/Registered Agent

Feb 13th 1998
Date

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TALLAHASSEE, FLORIDA