

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 AUG 20 AM 10:53

98000013307

SUBJECT:

SAFRA FINANCIAL SERVICES INC.

(Proposed corporate name - must include suffix)

600002621116-3
-08/20/98-01070-005
****131.25 ****131.25

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:

MAGDALENA GODOY

Name (Printed or typed)

5900 S.W. 127 Ave #3414

Address

MIAMI FL 33143.

City, State & Zip

(305) 386-7980 or (305) 321-3723.

Daytime Telephone number

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

J. BROWN AUG 21 1998

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.

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ARTICLE I NAME

The name of the corporation shall be:

SATRA FINANCIAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

5900 S.W. 127 Ave #3414
Miami FL 33183.

ARTICLE III SHARES

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

5000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MAGDALENA GODOY 5900 S.W. 127 Ave #3414
Miami FL 33183.

ARTICLE V INCORPORATOR

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

MAGDALENA GODOY
5900 S.W. 127 Ave #3414
Miami FL 33183.


Signature/Incorporator

08/16/98
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


Signature/Registered Agent

08/16/98
Date