

PO8000068094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

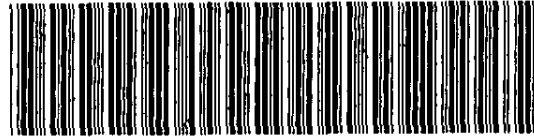
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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07/17/08--01023--005 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Pa*

**COVER LETTER**

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

**SUBJECT:** S1 Advisors, Inc.  
**(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

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

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

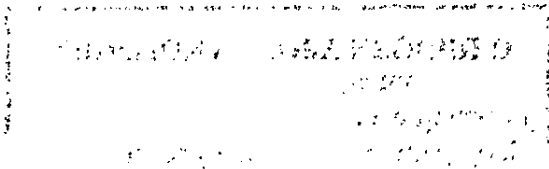
\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Marisol P. Fluxa  
Name (Printed or typed)

7745 SW 86 Street, Suite D-418  
Address

Miami, FL 33143  
City, State & Zip

786-251-0587  
Daytime Telephone number



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

**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:

S1 Advisors, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

7745 SW 86 Street, Suite D-418  
Miami, FL 33143

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide various management services to corporations.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Title: CEO/President & Secretary  
Victor J. Fluxa  
7745 SW 86 Street, Suite D-418  
Miami, FL 33143

Title: VP & Treasurer  
Marisol P. Fluxa  
7745 SW 86 Street, Suite D-418  
Miami, FL 33143

**ARTICLE VI REGISTERED AGENT**

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

Marisol P. Fluxa  
7745 SW 86 Street, D-418  
Miami, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Victor J. Fluxa  
7745 SW 86 Street, Suite D-418  
Miami, FL 33143

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\*\*\*\*\*  
*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*

*M. Fluxa*

Signature/Registered Agent

7/14/08  
Date

*Victor Fluxa*

Signature/Incorporator

7/14/08  
Date