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(Requestor's Name)				
(Address)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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TRANSMITTAL LETTER

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

SUBJECT: AR	MIN, INC.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDASUTEX)
Enclosed are an or	riginal and one (1) copy of the ar	licles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	□ \$87.50
Filing Fee		Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of Status
		ADDITIONAL CO	
FROM: _	MINESH PATEL	A	
	Name	e (Printed or typed)	
	590 BROCKHAM DR		
	OOO BICCOCK BAN DIC	Address	
	JACKSONVILLE, FL 32221		
	City	, State & Zip	
	004 248 7424 (30 004 602 022	•	
	904-318-7131 OR 904-693-0237 Daytime	Telephone number	<u>"William</u>
	•	-	

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)	DIV. SECRET ALLER 18 RE
ARTICLE I NAME The name of the corporation shall be:	04 JUL -7 PH 3: 23
ARMIN, INC	
The principal place of business/mailing address is: 590 BROCKHAM DRIVE JACKSONVILLE, FL 32221	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: 1000 SHARES	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent MINESH PATEL 590 BROCKHAM DRIVE JACKSONVILLE.FL 32221	t is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: MINESH PATEL 590 BROCKHAM DRIVE JACKSONVILLE,FL 32221	

	2 1 0 4 Date

7/2/04 Date

Mineys B Rdel
Signature/Incorporator