

POS 000003088

(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:

Office Use Only



400043780364

01/06/05--01006--008 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JAN -6 PM 3:24

FILED

**TRANSMITTAL LETTER**

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

**SUBJECT:** 123 MOVEX 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** 123 MOVEX INC.

Name (Printed or typed)

244 THREE ISLANDS BLVD. #206

Address

HALLANDALE BEACH FL. 33009

City, State & Zip

(954) 274-2272

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)

**FILED**

05 JAN -6 PM 3: 24

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

123 MOVEX INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

244 THREE ISLANDS BLVD. #206  
HALLANDALE BEACH FL 33009

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

MOVING BROKERS

**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):

CHARLI OHANA, PRES.  
244 THREE ISLANDS BLVD. # 206  
HALLANDALE FL 33009

**ARTICLE VI REGISTERED AGENT**

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

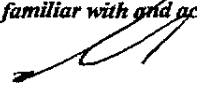
CHARLI OHANA  
244 THREE ISLANDS BLVD. # 206  
HALLANDALE FL 33009

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

CHARLI OHANA  
244 THREE ISLANDS BLVD. # 206  
HALLANDALE FL 33009

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

  
\_\_\_\_\_  
Signature/Registered Agent

01/02/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

01/02/05  
\_\_\_\_\_  
Date