

POS 0000003088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

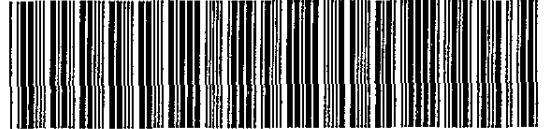
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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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
ADDITIONAL COPY REQUIRED	

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)

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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:

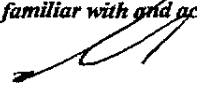
CHARLI OHANA
244 THREE ISLANDS BLVD. # 206
HALLANDALE FL 33009

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