

PO98000039170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

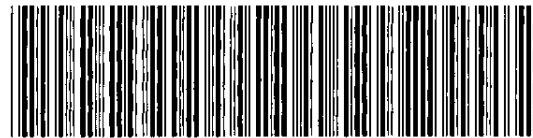
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800153103548

05/04/09--01023--004 \*\*70.00

RECEIVED

09 MAY -4 PM 12:56

CLERK OF SUPERIOR COURT  
DIVISION OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

09 MAY -4 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
5/4

## COVER LETTER

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

**SUBJECT:** \_\_\_\_\_  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Safari - HASS INC  
Name (Printed or typed)

810 Dent st.  
Address

Tallahassee, Florida 32304  
City, State & Zip

(850) 933-8572  
Daytime Telephone number

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

5-1-09

FILED

09 MAY -4 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Admin.

I will not revoke the Dissolution of  
# POS 000064495

Wm. J. Shafer  
5/4/09

FILED  
09 MAY -4 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

Safari-HAJ INC

### ARTICLE II PRINCIPAL OFFICE

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

810 Dent St.

Tallahassee, FL 32304

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Construction

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARI Shabazz, Pr.

810 Dent St.

Tallahassee, FL 32304

### ARTICLE VI REGISTERED AGENT

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

ARI Shabazz

810 Dent Street

Tallahassee, FL 32304

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

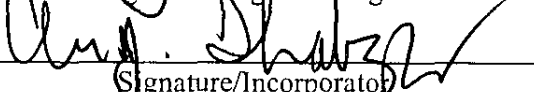
ARI Shabazz

810 Dent St.

Tallahassee, FL 32304

\*\*\*\*\*  
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

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

5/4/09  
\_\_\_\_\_  
Date

5/4/09  
\_\_\_\_\_  
Date