

711000106798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

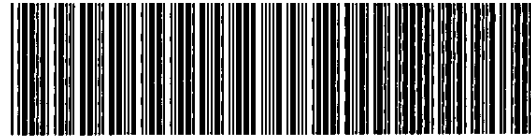
(Business Entity Name)

(Document Number)

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

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2011 DEC 16 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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J. Shivers DEC 19 2011

**COVER LETTER**

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

**SUBJECT: 786 Azhar Jabeen, 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: farqunda jabeen ibrahim**  
Name (Printed or typed)

**3290 cypress gardens road**  
Address

**winterhaven, Florida 33884**  
City, State & Zip

**(863)521-4684**  
Daytime Telephone number

**babyfji610@gmail.com**  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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** 786 Azhar Jabeen, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
3290 cypress gardens road  
winterhaven, Florida 33884

Mailing address, if different is:  
3290 cypress gardens road  
winterhaven, Florida 33884

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
Service Station

**ARTICLE IV SHARES**  
The number of shares of stock is 2

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

Name and Title: farqunda jabeen ibrahim  
Address: 3290 cypress gardens road  
winterhaven, Florida 33884

Name and Title: muhammad azhar syed  
Address: 3290 cypress gardens road  
winterhaven, Florida 33884

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: farqunda jabeen ibrahim  
Address: 3290 cypress gardens road  
winterhaven, Florida 33884

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: farqunda jabeen ibrahim  
Address: 3290 cypress gardens road  
winterhaven, Florida 33884

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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

\_\_\_\_\_  
Required Signature/Registered Agent  
12-10-11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
Required Signature/Incorporator  
12-10-11  
Date