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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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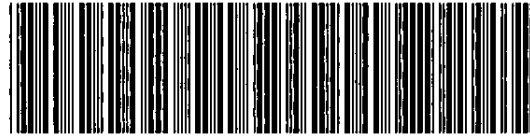
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY -1 PM 1:18

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J. Shivers MAY 02 2012

**COVER LETTER**

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

**SUBJECT: UzShahlora Trans 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: Umid Rakhmatullaev**

Name (Printed or typed)

**212 Bonita Cir, unit B**

Address

**Panama City Beach, FL 32408**

City, State & Zip

**863-409-1851**

Daytime Telephone number

**aa\_business\_services@hotmail.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** UzShahlor Trans Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 212 Bonita Cir. unit B  
Panama City Beach, FL 32408  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
The transaction of any lawful businesses for which corporations may be incorporated in the state of Florida.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000

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

Name and Title: <u>Umid Rakhmatullaev/ President</u>	Name and Title: _____
Address: <u>212 Bonita Cir. unit B</u>	Address: _____
<u>Panama City Beach, FL 32408</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

**ARTICLE VI REGISTERED AGENT**  
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Name: Umid Rakhmatullaev  
Address: 212 Bonita Cir. unit B  
Panama City Beach, FL 32408

**ARTICLE VII INCORPORATOR**  
The name and address of the Incorporator is:  
Name: Umid Rakhmatullaev  
Address: 212 Bonita Cir. Unit B  
Panama City Beach, FL 32408

*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 04/22/2012  
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 04/22/2012  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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