

P10000097201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

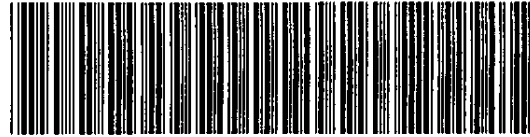
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500187944905

11/29/10--01013--009 **87.50

FILED
2010 NOV 29 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 01 2010

COVER LETTER

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

SUBJECT: **KARIZMA USA 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: **ALI TARKAN OCAL**

Name (Printed or typed)

516 NW 97 AVE

Address

PLANTATION, FL 33324

City, State & Zip

954 839-7626

Daytime Telephone number

grace_consig@yahoo.com

E-mail address: (to be used for future annual report notification)

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

2010 NOV 29 PM 3:32
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME KARIZMA USA INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
516 NW 97 AVE
PLANTATION FL 33324

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSTRUCTION - MANAGEMENT - IMPORT-EXPORT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EKREM GURBUZ - PRESIDENT
Address: 516 NW 97 AVE
PLANTATION, FL 33324

Name and Title: _____

Address: _____

Name and Title: YUNUS E. GURBUZ - VPRESIDENT
Address: 516 NW 97 AVE
PLANTATION, FL 33324

Name and Title: _____

Address: _____

Name and Title: ALI T. OCAI
Address: 516 NW 97 AVE
PLANTATION, FL 33324

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: ALI T. OCAI
Address: 516 NW 97 AVE
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALI T. OCAI
Address: 516 NW 97 AVE
PLANTATION, FL 33324

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

Ali Tahan Ocail

Required Signature/Registered Agent

11-26-2010

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.

Ali Tahan Ocail

Required Signature/Incorporator

11-26-2010

Date

FILED
20 NOV 29 PM 3:32
CLERK OF STATE
TALLAHASSEE, FLORIDA