

P13000021021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

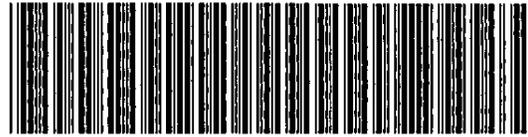
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 MAR -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MIP
3/6/13

COVER LETTER

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

SUBJECT: HS.DAVID, 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 checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Amer Salih Haider

Name (Printed or typed)

15501 Bruce B Downs Blvd., #905

Address

Tampa, FL 33647

City, State & Zip

813.465-9229

Daytime Telephone number

hs.david@hotmail.com

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

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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ARTICLE I NAME

The name of the corporation shall be: HS.DAVID, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

15501 BRUCE B DOWNS BOULEVARD

#905

TAMPA, FL 33647

Mailing address, if different is: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IMPORT/EXPORT AND ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hussein Salman Dawood, President

Name and Title: _____

Address 15501 Bruce B Downs Blvd.

Address: _____

#905

Tampa, FL 33647

Name and Title: Amer Salih Haider, Manager

Name and Title: _____

Address 15501 Bruce B Downs Blvd.

Address: _____

#905

Tampa, FL 33647

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Amer Salih Haider

Address: 15501 Bruce B Downs Blvd., #905

Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Moein Marashi, Esquire

Address: 4511 N. Himes Avenue, Suite 200

Tampa, FL 33614

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

Amer Salih Haider
Required Signature/Registered Agent

2-27-13
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.

Moein Marashi
Required Signature/Incorporator

2-27-13
Date