# F02000005894

EAMAN SHIRAZIAN (Requestor's Name)
(Requestor's Name)
5709 SW 181h St (Address)
(Address)
(Address)
GAINES VILLE FL 32608 (City/State/Zip/Phone #) 352-262-4902
(City/State/Zip/Phone #) 352-262-4902
PICK-UP WAIT MAIL
Amir, TTT, Inc. (Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100009157681

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SECRETARY OF STATIONS
DIVISION OF STATIONS
OF NOV 26 PM 12: 00



### TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT: AMIR, LLL Inc. (Name of corporation - must include suffix)
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Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
SEYED GHOLAM REZA SHIRAZIAN
(Name of Person)  AMIR GALLERY (APPLICATION FILED FOR FICTITIOUS NAME)  (Firm/Company)
21010 A SW 13th STREET REST
GAINESVILLE, FL 32608
(City/State and Zip code)  PROPOSITION  For further information concerning this matter, please call:
,
SEYED CHOLAM REZA SHIRAZINA (352) 373-1353  (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
S70.00 Filing Fee SCertificate of Status S78.75 Filing Fee SCertified Copy S87.50 Filing Fee, Certified Copy Certified Copy

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. (Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or

Ι.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or		<del></del>
	words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)		
2.	. <u>GEORGIA</u> 3. <u>80-0028608</u> (State or country under the law of which it is incorporated) (FEI number, if applicable)		
	(State or country under the law of which it is incorporated) (FEI number, if applicable)		
4.	. / 11-17-2000 5. / Perpetual (Duration) 5. / Purpetual (Duration: Year corp. will cease to exist or "pe		
	(Date of incorporation) (Duration: Year corp. will cease to exist or "pe	rpetua	l")
6.	. "Upon qualification"		
	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qual	iticatio	in.")
	(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)	$\mathfrak{S}$	DIV.
7.	. 2106 A SW 13th Street, Gainesville, FL 32608 (Principal office address)	- <del>1</del>	SECR SECR
		€2	<u> </u>
	5709 SW 18th Street, Gainesville, FL 32608	26	
	(Current mailing address)	PH 12:	골유트
		12	XX XX
8.	. Trade, tourism, transportation (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)	0	
	(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)		S
9	. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptal	ole)	
	Name: Eaman Shirazian		
0	Office Address: 5709 SW 18th Street		
	Gaines VIIIa. FL Florida 32608		

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Zip code)

(Registered agent's signature)

(City)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### 12. Names and business addresses of officers and/or directors:

A. DIRE	CTORS
Chairman:	DR. S.G. REZA SHIRAZIAN
Address: _	5709 SW 1846 STREET
	GAINESVILLE, FL 32608
Vice Chair	nan: MARZIEH SADIGHI
Address: _	5709 SW 18th STREET
_	GAINESVILLE, FL 32608
Director: _	HASSAN MOZAHAB
Address: _	5709 SW 18th STREET -
_	GAINES VILLE, FL 321608
Director: _	EAMAN SHIRAZIAN
Address: _	5709 SW 1846 STREET
_	GAINESVILLE, FL 32608
B. OFFIC	
President:	DR. SG REZA SHIRAZIAN
Address: _	5709 SW 1841 STREET
_	GAINESVILLE, FL 32608
Vice Presid	ent: MARZIEH SADIGHI 2 3
	5709 SW 18th STREET
_	GAINESVILLE, FL 32608
Secretary:	Eaman Shirazian
Address: _	5709 SW 1844 STREET, GAINESVILLE, FL 32608
	AZADEH SHIRAZIAN
Address: _	5709 SW 18th STREET, GAINESVILLE, FL 32608
NOTE: II	necessary, you may attach an addendum to the application listing additional officers and/or directors.
	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)
14. <u>EA</u>	MAN SHIRAZIAN, DIRECTOR (Typed or printed name and capacity of person signing application)

## Secretary of State

Corporations Division 315 West Tower #2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

: 0050793 CONTROL NUMBER DATE INC/AUTH/FILED: 11/17/2000 JURISDICTION : GEORGIA PRINT DATE : 11/22/2002 FORM NUMBER

AMIR, TTT, INC. EAMAN SHIRAZIAN 5709 SW 18TH ST GAINESVILLE, FL 32608

#### CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of Sta ate of Georgia, do hereby certify print date under the seal of my office

is in compliance Anth egistration provisions of Title 14 of the Official

ated above or was authorized to Said entity was formed and has not filed articles of ther similar document with the transact business in Georg dissolution, certificate of incellati Office of the Section

tence of the above-named entity by whether or not a notice of L. a statement of commencement This certificate kel It does not as of the print date above intent to dissolve an application of winding up or any other si Filed or is pending with ilar document thas the Secretary of State

information issued and certified This accordance with the Georgia onit Records and Signatures Act and Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

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Secretary of State