7616 TRANSMITTAL LETTER

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

800004651558--3 <u>-10/24/01--01040--023</u> *****78.75 *****78.75

Galaxy Publications of OPROPOSED CORPORATE NAME-MUST INCLUDE SUBJECT:

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM:	Shabbir Ahmed Name (Printed or typed)	22	2001 OCT SECNEDA TALLAHA	
	6440 N.W. 53 St.	مين <u>د</u>	24 F	Entraction Contraction (Contraction (Contraction)
	Lauderhill, FL 33319	or	9M 3: 4 I STATE FLORIDA	<u> </u>
	(954) 746-2115 Daytime Telephone number			

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

• ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)	
ARTICLE I NAME The name of the corporation shall be:	
· Galaxy Publications 2000, 1	9 C .
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation	2001 UCT 24 PM 3: 41
6440 N.W. 53 St. Lauderhill, FL 33319	shall be: SECRE DOOR OF STATE TALLAHASSEE FLORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	<u>-</u>
for all religious and charitable	purposes.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed:	es.
at the meeting of incorpora	tion.
ARTICLE V INITIAL DIRECTORS/OFFICERS The name(s), address(es) and title(s):	-
Shahzad Ahmed Presi	dent
Fawad Ahmed Vice	- President/Secretary
ARTICLE VI INITIAL REGISTERED AGENT AND STREE The name and Florida street address of the registered agent is:	T ADDRESS
Shabbir Ahmed M.D.	
ARTICLE VII INCORPORATOR	-
The <u>name and address</u> of the Incorporator is: Shahzad Ahmed	
5620 N.W. 61 5+ #1202	
**************************************	********
Having been named as registered agent to accept service of process for the above in this certificate, I am familiar with and accept the appointment as registered age	
Sla atal O la d	ui anu agree to act in this capacity.
Signature/Registered Agent	
	Date [10/20/0/
Signature/Incorporator	10/20/0/ Date