POODOOS 45Z

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

SUBJECT:	MONA W ISA (Proposed corpo	AC INC	7
••••	(Separation of the second of		900003089 -01/05/000 *****78.75
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	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
	ADDITIONAL COPY REQ		PY REQUIRED
FROM: Mona IS AAC Name (Printed or typed) 4 vole BIRCHNOUD AVE Address Jackhony Luc Fl 3, 207 City, State & Zip			
City, State & Zip			

no cost

T. Burch MAN 1 9 7000

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

The name of the corporation shall be: MOINA W IJAAC INC ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 2446 LENIVERSITY BAND JACKSONVILVE FLBANIZ ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: MonA W IS AAC 4206 BIRCHOOD AVE Jackson We Fr 32207 INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: MONA WISHA 4 role BIRdWood Ave JACKJONVIE Fr 3moj

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Date