... D00000016707 TRANSMITTAL LETTER



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

Tallahassee, FL 323	514		-
SUBJECT:	SHIZA CONFO, (PROPOSED CORPORA)	MOT, OM TENAME - MUSTIN	CLIDE SHEELX)
	(FROI OSED CORI ORA)	TE NAME – <u>MOST IN</u>	<u>CEODE BOFFIA</u>)
			50000327085 -05/30/000112 *****78.75 **
Enclosed is an origin	nal and one(1) copy of the article	es of incorporation ar	nd 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	AKHTAR Name (P) 408 Sun Lak	rinted or typed)	#214
	LakeMary City,	idaless	
		1-8749 Telephone number	
551,505/69 14423	71,2550		
- <i>NA</i> 1 ¹	NOTE: Please provide the or	riginal and one copy	of the articles.

D. BROWN AUG 1 4 2000

AUTHORIZATION BY PHONE, TO

DOC EXAM DOL



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 28, 2000

AKHTAR ADIL 408 SUNLAKE CIRCLE, #214 LAKE MARY, FL 32746

SUBJECT: SHIZA ENTERPRISE Ref. Number: W00000014423

We have received your document for SHIZA ENTERPRISE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 400A00032178

ARTICLES OF INCORPORATION	m.s
n compliance with Chapter 607 and/or Chapter 621, F.S. (Pr	rofit)
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ARTICLE I NAME The name of the corporation shall be:	CO Aug
	00 AUG -14 PM 2: 04
Shiza Componation	TALLAHASSEE. FLORIDA
·	CALLAHASSEE, FI OBIE.
ARTICLE II PRINCIPAL OFFICE	COMUN
The principal place of business/mailing address is:	
408 Sunlake Circle#214	
Lakemary, FL- 32746	
The purpose for which the corporation is organized is:	
Whole Sale / Retail	
ARTICLE IV SHARES	
The number of shares of stock is:	
one	
	ational
ARTICLE V INITIAL OFFICERS/DIRECTORS (o) The name(s) and address(es):	patonag
AKHTAR ADIL / ARSHAD HUS.	SAIXI
	1, a Sur lake aim a man
408 Sunlage circle #214	408 Suntake eincle #314 dakemary, Fr-32746
Lakemary, PL-32746	0 0 0 cmary, Fr - 32746
(407)321-8749	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address registered agent is:	
AKHTAR ADIL	
408 Sunlake circle #214	
LakeMary, FL-32746	
1107) 37.1	-8749
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
AKHTAR ADIL	, · ·
ANTITICA CONTRACTOR #211	
408 Sunlake Circle#214	
LakeMary, PL-32746	**************
Having been named as registered agent to accept service of process for	the above stated corporation at the place designated in this
or and the appropriate and account the approintment as registered a	gent and agree to act in this capacity
in 1d an a dil a	
Signature/Registered Agent A A	
Signature/Registered Agent	•
all have to	07/13/00.
<i>Y</i> \	
Signature/Incorporator	Date