PCCCCC 78 16

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

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SUBJECT:	SZI INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u>)
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nclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:
			· · · · · · · · · · · · · · · · · · ·
\$70.00	№ \$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
	11 0		
FROM:	Hassan Su	DIAUI	
	Name (P	rinted or typed)	
	_		
	5562 SLASH PI	NE PL	
		Address	
			T _S o
	DOLANDO . ZI	32811	EC.

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

City, State & Zip

Daytime Telephone number

(407) 812-5146

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SZI Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5562 SLASH PINE CT DRIANGO, PLB2811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Services to Eustomers.

SHARES

The number of shares of stock is: \ \ DOOS hares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

---N.4 -

REGISTERED AGENT

The name and Florida street address registered agent is:

Hassan Swolaul

SS62 SLASH PING PL DRIANDO, FZ 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hassan Suddiqui

SSG2 SLASH PINZ PL DREMNDO, FL 32811 | ASM ZULFIBAR

ORLANDO, FL 32824

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

Signature/Registered Agent

Signature/Incorporator