

P00000086580  
TRANSMITTAL LETTER

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

700003388097--5  
-09/11/00--01087--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

SUBJECT: IRENA INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003388097--5  
-09/11/00--01087--012  
\*\*\*\*\*20.00 \*\*\*\*\*20.00

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: IRINA V. KOLOBova  
Name (Printed or typed)

4609 BAYSHOME DR. N8  
Address

NAPLES, FL 34112  
City, State & Zip

941-774-54-15  
Daytime Telephone number

00 SEP 11 AM 10:49  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

*JK 9/13*

**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: *IRENA INC*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:  
*4609 BAYSHORE DR. N 8  
Naples, FL 34112*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
*Open my business*

ARTICLE IV SHARES

The number of shares of stock is: *100*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):  
*IRINA KOLOBOVA  
4609 BAYSHORE DR N 8  
Naples, FL 34112*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:  
*IRINA KOLOBOVA  
4609 BAYSHORE DR. N 8  
NAPLES, FL. 34112*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
*IRINA KOLOBOVA  
4609 BAYSHORE DR. N 8  
NAPLES, FL. 34112*

\*\*\*\*\*  
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

*[Handwritten Signature]*

Signature/Registered Agent

*09/09/00*

Date

*[Handwritten Signature]*

Signature/Incorporator

*09/09/00*

Date

FILED  
00 SEP 11 AM 10:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA