

# TRANSMITTAL LETTER

# PO1000030556

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

300003890219--4  
-03/21/01-01050-001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Zand Import / Export Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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 of  
Status

ADDITIONAL COPY REQUIRED

FROM: Carolyn Owji  
Name (Printed or typed)

1766 Seneca Blvd.  
Address

Winter Springs, FL 32708  
City, State & Zip

407-977-7000 OR 407-~~628~~ 625-8974  
Daytime Telephone number

FILED  
01 MAR 21 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

g3/26

## 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: **ZAND IMPORT/EXPORT CORP.**

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business/mailling address is:  
1766 Seneca Blvd., Winter Springs, FL 32708

### ARTICLE III      PURPOSE

The purpose for which the corporation is organized is: to import and export items for sale.

### ARTICLE IV      SHARES

The number of shares of stock is: 1,000 (one thousand)

### ARTICLE V      INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Khosrow Owji, President, Treasurer  
Carolyn Owji, Vice President, Secretary

### ARTICLE VI      REGISTERED AGENT

The name and Florida street address of the registered agent is:  
Khosrow Owji, 1766 Seneca Blvd., Winter Springs, FL 32708

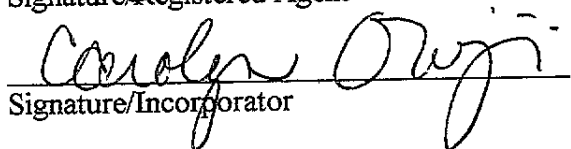
### ARTICLE VII      INCORPORATOR

The name and address of the Incorporator is:  
Carolyn Owji, 1766 Seneca Blvd., Winter Springs, FL 32708

.....  
*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

3-15-01  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-15-01  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAR 21 PM 1:01

FILED