P02000072294

Dr. Peter O. Nwankwo
Requester's Name

P.O. Box 640744
Address

Miami, Fl. 33164
City/State/Zip Phone #

000006113010--0
-07/01/02--01017--023
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

FILED
02 JUL -2 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ Walk in ☐ Pick up time _____ ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials VL 7-2-02

CR2E031(7/97)

ARTICLES OF INCORPORATION

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

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02 JUL -2 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PETER & Family Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6960 N.W 186St #223
P.O.Box 640744, Miami FL 33164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Sell retail & whole Sale
Men And Ladies Shoes

ARTICLE IV SHARES

The number of shares of stock is:

TWO Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

1. Dr. Peter NWankwo; Director
2. Theophilous Eze ; Marketing Manager
3. Chukwuma NWankwo; Manager
4. Uzoma NWankwo; Admin Secretary

Address: P.O. Box 640744 Miami FL 33164

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Dr. Peter O. NWankwo
6960 N.W 186St #223
Miami, Fl. 33015

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Dr. Peter O. NWankwo
P.O. Box 640744, Miami, FL 33164

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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

P. NWankwo
Signature/Registered Agent

6/25/02
Date

P. NWankwo
Signature/Incorporator

6/25/02
Date