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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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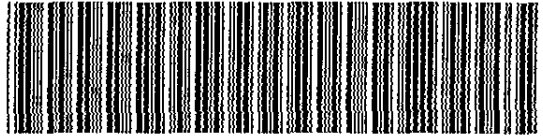
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: NEW SOUVENIRS ROATAN, INC
(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: AFIFE KAMAR
Name (Printed or typed)

1 7418 DOWLING DR
Address

FORT MYERS, FL 33912
City, State & Zip

(239) 432-0486
Daytime Telephone number

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

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:

NEW SOUVENIRS ROATAN, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1 7418 DOWLING DR
FORT MYERS, FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES
AND THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

200 (Two hundred) SHARES \$ 1,00 EACH

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

AFIFE KAMAR
1 7418 DOWLING DR
FORT MYERS, FL 33912

ARTICLE VI REGISTERED AGENT

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

EVA GONZALEZ
17793 S W 35 CT
MIRAMAR, FL 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AFIFE KAMAR
1 7418 DOWLING DR
FORT MYERS, FL 33912

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

1/14/03

Date



Signature/Incorporator

1-14-03

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA