

| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

TRANSMITTAL LETTER

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

| Enclosed is an origi | nal and one(1) copy of the article | es of incorporation and a | a check for : | | |
|------------------------------|--------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|--|--|
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | | |
| FROM: 9.95 UNIFORM STORE INC | | | | | |
| 7900 N.W. 27AVE#189 | | | | | |
| , | MIAMI, FZ | 33/4 State & Zip | 7 | | |

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

Daytime Telephone number

| ARTICLE I NAME | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| The name of the corporation shall be: | |
| KIMBERLY UNIFORMS IN | JC. |
| ARTICLE II PRINCIPAL OFFICE | • |
| The principal place of business/mailing address is: | MILLAMILLAMI |
| The principal place of business/mailing address is: 7900 N.W. 27AVE #189 | 33/147 |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| UNIFORMS | |
| ARTICLE IV SHARES | Z S |
| The number of shares of stock is: | ECRE |
| | B. HAS |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): | SXX 9 |
| MURTAZA ALI MOHAMMAD | |
| PRESIDENT _ | U F: 4.3 LORID, LO |
| 2541 S.W 161 AVE | OF & |
| MIRAMAR FL 33027 | |
| ARTICLE VIREGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| MURTAZA ALI MOHAMMAD | (M) & |
| 2541 S.W. 16.1 AVE | |
| MIRAMAR FL 33027 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: MIDE A ALL WOLLAMMAD | |
| MURTAZA ALI MOHAMMAD 2541 S.W 161 AVE | M |
| MIRAMAREL 33027 | |
| ************** | ******* |
| Having been named as registered agent to accept service of process for the above stated corp certificate, I am familiar with and accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the appointment as registered agent and agree to accept the agent agent and agree to accept the agent ag | |
| CAN STATE OF THE S | 2/14/-2 |
| Simple Marita Fold Agent | Z 17/05 |
| Signature/Registered Agent | |
| | 2/14/03 |
| Signature/Incorporator | Date |

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