

Florida Department of State

Division of Corporations Public Access System

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Division of Corporations Fax Number : (850)205-0381

From:

Account Name : A.A.ALI, CPA
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Phone : (407)298-3900
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IL I / PA 3 46
IARY OF STATE
ASSEE FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

TIBMF, INC.

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

01,1,03

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ARTICLES OF INCORPORATION Of IBMF, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

IBMF, INC. 2734 BURWOOD AVE, ORLANDO, FL 32837

CRETARY OF STATI

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

- ARTICLE III - PURPOSE

The 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 - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agents of this Corporation is:

| Name: | A.N.M. KIBRIA FARHAD | | |
|----------|----------------------|------|-------------------|
| Address: | 2734 BURWOOD AVE | | |
| | | | · · · · · · · · · |
| City: | ORLANDO, FL 32837 | | |

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ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) director initially. The number of directors may be either increased or diminished from time to time by the By-laws, but shall never be less than one (1). The name and address of the initial director(s) of the corporation are as follows:

| Name: | A.N.M. KIBRIA FARHAD, President |
|----------|---------------------------------|
| Address: | 2734 BURWOOD AVE |
| City: | ORLANDO, FL 32837 |
| • | |

ARTICLE VII - INCORPORATORS

The name and address of the person(s) signing these articles of Incorporation are as follows:

| Name: | A.N.M. KIBRIA FARHAD |
|-------------|----------------------|
| | |
| Address: | 2734 BURWOOD AVE |
| | |
| City: | ORLANDO, FL 32837 |

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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

HN:M. Kelena Vasna -

A.N.M. KIBRIA FARHAD/Registered Agent

07/16/03

Date

A.N.M. KIBRIA FARHAD/Incorporator

ANH Kilerin Fasher

Date