

PO3000081440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

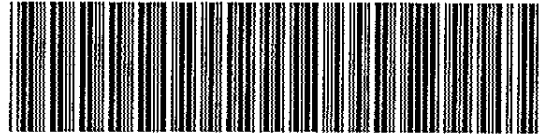
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/21/03--01046--007 \*\*78.75

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03 JUL 21 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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03 JUL 21 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF

SHAMI INC.

ARTICLE 1 NAME

THE NAME OF THE CORPORATION SHALL BE:  
SHAMI INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE  
547 WINDING CREEK PLACE, LONGWOOD FL. 32779

ARTICLE 11 NATURE OF BUSINESS

THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY AND ALL LAWFUL  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED  
STATES, THE STATE OF FLORIDA, OR ANY OTHER  
STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE 111 CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE  
THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT  
ANY ONE TIME IS:  
500 SHARES AT \$ 1.00 EACH.

ARTICLE 1V TERM OF EXISTENCE

THE CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INITIAL OFFICER(S) AND  
DIRECTOR(S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE  
CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR(S)  
IS(ARE) ELECTED, IS(ARE):

MICHAEL PSACHIE  
547 WINDING CREEK PLACE  
LONGWOOD, FLORIDA, 32779

ARTICLE VI INCORPORATORS

THE NAME (S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO  
THIS ARTICLES OF INCORPORATION IS(ARE):

MICHAEL PSACHIE  
547 WINDING CREEK PLACE  
LONGWOOD,FLORIDA,32779

IN WITNESS WHEREOF, THE  
UNDERSIGNED INCORPORATOR(S) HAS (HAVE) EXECUTED THESE ARTICLES  
OF INCORPORATION THIS 19 DAY OF JULY, 2003.

SIGNATURE(S) OF INCORPORATOR(S)

*Michael Psachie*

STATE OF FLORIDA,

COUNTY OF SEMINOLE.

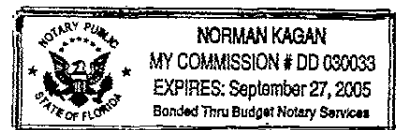
THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED AND SWORN TO  
BEFORE ME THIS 19 DAY OF JULY 2003, BY

MICHAEL PSACHIE NAME OF INCORPORATOR  
OF  
SHAMI INC.  
NAME OF CORPORATION.

NOTARY PUBLIC

*Norman Kagan*

MY COMMISSION EXPIRES \_\_\_\_\_



CERTIFICATE DESIGNATING  
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE  
OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:  
SHAMI INC.

2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

MICHAEL PSACHIE  
547 WINDING CREEK PLACE  
LONGWOOD, FLORIDA 32779

SIGNATURE



CORPORATE OFFICER

TITLE

Pres.

DATE

7/18/03

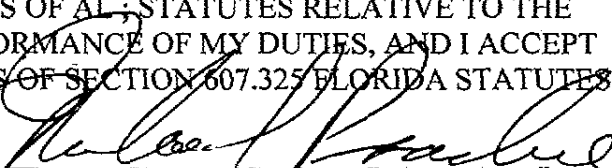
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED TO ACCEPTS SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE,  
I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO  
COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE  
PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT  
THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE



REGISTERED AGENT

DATE

7/18/03