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SECRETARY OF STATE TALLATION SSEE, FLORIDA OS OCT 20 FM 12: 45

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TRANSMITTAL LETTER

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

gon Corporation of Florida,	Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFEIX)
inal and one (1) copy of the art	icles of incorporation and	a check for:
\$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
inod Kumar	<u> </u>	<u> </u>
Name	(Printed or typed)	
P.O. Box 2741		<u>.:</u>
	Address	
Jacksonville, FL 32203		
City	, State & Zip	
904/389-1380	Telephone number	
	inal and one (1) copy of the art \$78.75 Filing Fee & Certificate of Status nod Kumar Name P.O. Box 2741 Jacksonville, FL 32203 City 904/389-1380	Filing Fee & Certificate of Status ADDITIONAL CO ADDITIONAL CO Name (Printed or typed) P.O. Box 2741 Address Jacksonville, FL 32203 City, State & Zip

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 15, 2003

BINOD KUMAR P O 2741 JACKSONVILLE, FL 32203

SUBJECT: POLYGON CORPORATION OF FLORIDA, INC.

Ref. Number: W03000029859

We have received your document for POLYGON CORPORATION OF FLORIDA, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2004 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6904.

Freida Chesser Document Specialist New Filings Section

Letter Number: 103A00056262

ARTICLE I NAME	~ A		n min f
The name of the corporation shall be:	she		
Polygon Corporation of North Florida,	inc.		
ARTICLE II PRINCIPAL OFFICE	4		
The principal place of business/mailing address is:			
P.O. Box 2741 Jacksonville, FL 32203	•		
ARTICLE III PURPOSE	والمعادية المعيور		•
The purpose for which the corporation is organized is:			
To acquire, manage, operate and sell investment properties.			
ARTICLE IV SHARES	j, i	96. ·	
The number of shares of stock is:			03 A-8
1000 shares			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO	RS ,	g. 75m -	SECRETAR ALLAHASS 03 OCT 20
List name(s), address(es) and specific title(s):			
Binod Kumar			3 Eq.
P.O. Box 2741 Jacksonville, FL 32203			장 무호
		-	PHI2: 45
), <u>P</u>
ARTICLE VI REGISTERED AGENT	, _	∖e e žfe	
The name and Florida street address of the registered agent is:			
Binod Kumar			
2670 Post Street, Suite 5			
Jacksonville, FL 32204			
ARTICLE VII INCORPORATOR	بيعاهي ≕ يارين		
The name and address of the Incorporator is:			
Binod Kumar			
P.O. Box 2741			
Jacksonville, FL 32203			
************	******	******	****
Having been named as registered agent to accept service of process for the ab- certificate, I am familiar with and accept the appointment as registered agent an	ove stated corporation i ad agree to act in this ca	at the place desig pacity	nated in this
Binoskuman	10-10-2003		
Signature/Registered Agent	Date		

10-10-2003

Date

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

Burkuman Signature/Incorporator