P03000136789

ŝ

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

÷.,

Office Use Only



11/17/03--01011--009 **87.50

CO NOV 14 PM 5: 58 SECINE LANS O. LATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

¥_¥.

SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee	 \$78.75 Filing Fee & Certificate of Status 	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL COP	Status Y REQUIRED	
FROM: Borny McWhite Name (Printed or typed)				
4108 Blanding Blvd.				
Jacksonville, <u>Flovida</u> 32210				
(904) - 772 - 0027 Daytime Telephone number				
		\$		

1

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 1 NAME The name of the corporation shall be: ZIBA'S AnoiNted FULL SERVICE Salow IN. 4108 Blanding Blud Jacksonville FL 32210 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: CONTRACT CONTRACT A Salow PURPOSE ARTICLE III The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 4108 ICWhite -Having been named as registered agent to accept serve 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 Signature/Incorporator Date