

PO40000 31250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

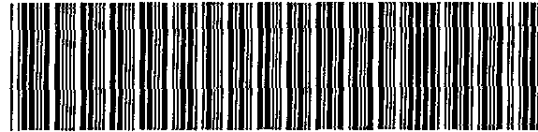
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: F.A. Complete Restorations inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: FAIK AYKUT
Name (Printed or typed)

1540 Forest Lakes cir Apt. A
Address

West Palm Beach FL 33406
City, State & Zip

561-252-4094
Daytime Telephone number

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 I NAME

The name of the corporation shall be:

KOMACK Modern Restoration inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1540 Forest Lakes Cir. APT. A
West Palm Beach FL. 33406

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

F.A. Complete Restoration inc.

ARTICLE IV SHARES

The number of shares of stock is:

Ten thousand shares at five dollars each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Faik Aykut
1540 Forest Lakes Cir. APT. A
West Palm Beach FL. 33406

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Faik Aykut
5640 SW 54 Ct. Davie FL. 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Faik Aykut


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



Signature/Registered Agent

02.09.04

Date



Signature/Incorporator

02.09.04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED