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TRANSMITTAL LETTER

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

Enclosed are an origi	inal and one (1) copy of the art	icles of incorporation and	a check for		
\$70.00 Filing Fee	Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	AZJAF K	ARDV (Printed or typed)			
421 Nortgoney Red 165					
-	Httan	State & Zip	Prings, F	232711	
-	(40) 774 Daytime	Y-1040 Telephone number			

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	
The name of the corporation shall be:	04 JUN -4 PM 3:21
HABIBI ENTERPRISES INC	SEGNE CONTROL STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
10407 BRILLIAM CT	
ARTICLE III PURPOSE /FZ 32836	
The purpose for which the corporation is organized is:	•
RETAIL STORE	
ARTICLE IV SHARES	
The number of shares of stock is: 500	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
SAMINA HABIBI	
10407 BRILLIANT CT	
ORLANDO, 17, 32836	
ORLAMO, 72 32836 ARTICLE VI REGISTERED AGENT (RES. 10 GM)	
The <u>name and Florida street address</u> of the registered agent is:	
ALTHE KARIM CPA	
42 Montgomen poal #165	
ARTICLE VII INCORPORATOR ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	-
HETAT KARIM, CPA 421 MONTGOMERY ROAD #16	
ACTAMONTE SPRINGS, FE 32714	7
**************************************	******
Having been named as registered agent to accept service of process for the above stated corporation at certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cape	the place designated in this
	Parlar
Signatur (Register)	10404
Signature/Registered Agent	Date.
06,	101104
Signature/Incorporator	Date

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