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· (Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## TRANSMITTAL LETTER

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

2004 JUL - 7 PM 2: 32

ARY UF STATE
TALLAHASSEE FLORIDA

SUBJECT:	ALABE A	RNP.	IMC		
	(PROPOSED CO	RPORATE	NAME – <u>MUSTUNCU</u>	UDE SUFFEX)	
Enclosed are an orig	inal and one (1) copy of	the article	s of incorporation and	a check for:	
	☐ \$78.75 Filing Fee & Certificate of State	ıs	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Certified Copy & Certificate of Status	
		L	ADDITIONAL CO	A T REQUIRED	
FROM:	ALANG . B	Name (P	o LABI inted or typed)		
15181 M. M.   street.					
PEMBROKEPINES, F2 33028 City, State & Zip					
	(954) 658-4	to 88	or 954-4	356767	

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

FILED

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THRY OF STATE TALLAHASSEE FLORIDA

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

Article I: The name of the corporation shall be: ALADE ARNP, INC.

Article II: The principal place of business shall be at: 15181 N.W 1 street. PembrokePines. FL 33028.

Article III: The purpose for which the corporation is organized is: to perform duly legal general business transactions according to the laws of the state of Florida and United States.

Article IV: The number of shares of stock in the company is: 1000 shares.

**Article V**: The names of officers are as follows:

President: Mr. Alade .B. Afolabi

Addresses: 15181 N.W 1 Street

PembrokePines, FL 33028

**Article VI:** Designated Registered Agent:

Mr. Alade .B. Afolabi

Registered Agent

15181 N.W 1 street

PembrokePines, FL 33028

Article VII: The Incorporator is: Mr. Alade .B. Afolabi

Address: 15181 N.W 1 street

PembrokePines, FL 33028

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.