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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT CORPORATION OR P.A.

shalan, inc.

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TALLAHASSEE FLORIDA

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ARTICLES OF INCORPORATION

OF

SHALAN , INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Article of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SHALAN, INC. The principle place of business of this corporation shall be:
17317 HOMESTEAD BLVD MIAMI FLORIDA 33157

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 Shares
at
\$1.00 par share

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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ARTICLE V OFFICERS AND DIRECTORS

The name(s) and street address(es) of the initial officer(s), who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

FAUSE M. SHALAN
President / Vice-President
Treasurer / Secretary
17317 HOMESTEAD AVE.
MIAMI FLORIDA, 33157

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

FAUSE M. SHALAN
177317 HOMESTEAD AVE. MIAMI FLORIDA 33157

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this 8, day of OCTOBER, 2004.

Fause M. Shalan
FAUSE M. SHALAN

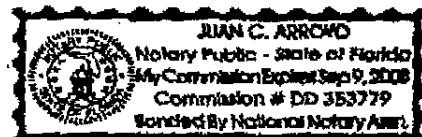
STATE OF FLORIDA)
COUNTY OF DADE)

THE FOREGOING instrument was acknowledged and sworn to before me this 8, day of October, 2004 by FAUSE M. SHALAN of Miami, Florida.

() Personally known by me
() Produced Florida Driver's Lic

My commission expires:

Notary Public
Seal:



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CERTIFICATE DESIGNATING
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organization under the Laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: SHALAN, INC.
2. The name and address of the registered agent and office is:

FAUSE M. SHALAN
17317 HOMESTEAD AVE
MIAMI FLORIDA, 33157

Fause M. Shalan
FAUSE M. SHALAN

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTE

Fause M. Shalan
Signature of FAUSE M. SHALAN

Date:

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