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# TRANSMITTAL LETTER

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

0.0.11	(also Diagonat Inc				
SUBJECT: S & N Value Discount, Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	a check for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM: S 8	k N Value Discount, Inc Name	(Printed or typed)			
	1241 West Tharpe Street # 20	Address			
	Tallahassee, Florida 32303	, State & Zip			
	850-339-4822	, State & Zip			

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

ANU

## RTICLES OF INCORPORATION

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

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#### RTICLE I NAME

ne name of the corporation shall be:

& N Value Discount, Inc.

# RTICLE II PRINCIPAL OFFICE

ne principal place of business/mailing address is: 241 West Tharpe Street # 20 allahassee. Florida 32303

#### RTICLE III PURPOSE

he purpose for which the corporation is organized is: holesale and Retail

# RTICLE IV SHARES

number of shares of stock is:

## RTICLE V INITIAL OFFICERS AND/OR DIRECTORS

ist name(s), address(es) and specific title(s): ohammed Y Naser, President 241 West Tharpe Street #20 allahassee, Florida 32303

#### RTICLE VI REGISTERED AGENT

ne name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ohammed Y Naser

241 West Tharpe Street #20 allahassee, Florida 32303

#### RTICLE VII INCORPORATOR

he name and address of the Incorporator is:

ohammed Y Naser 241 West Tharpe Street #20 allahassee, Florida 32303

allahassee, Florida 32303	
**************************************	***********
aving been named as registered agent to accept service of process for rtificate, I am familiar with and accept the appointment as registered	
met	12-10-04
Signature/Registered Agent	Date
July	12-10-04
Signature Incorporator	Date