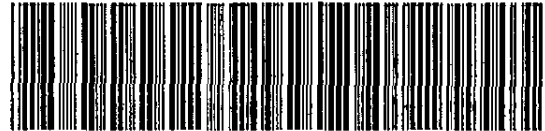


POS0000004402



300043790433

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

01/10/05--01003--006 \*\*78.75

Office Use Only

SECRET  
FALL ARMS 11/02/05

05 JAN -7 PM 12:47

05 JAN 07

TH 1/10/05

TRANSMITTAL LETTER

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

SUBJECT: ABAMEX CORPORATION  
(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

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: Abdoula Siz Aminou  
Name (Printed or typed)

4263 Losco Rd # 811  
Address

Jacksonville, FL 32257  
City, State & Zip

904-228-8094  
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: **ABAMEX CORPORATION**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **4263 LOSCO Rd #811  
Jacksonville, FL 32257**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **to engage in  
any lawful business activity**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 with no par-value**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **Abdoulasiz Aminou  
4263 Losco Rd #811  
Jacksonville, FL 32257**

**ARTICLE VI REGISTERED AGENT**

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

**Abdoulasiz Aminou  
4263 Losco Road #811  
Jacksonville, FL 32257**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **Abdoulasiz Aminou  
4263 Losco Rd #811  
Jacksonville, FL 32257**

\*\*\*\*\*

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

Abdoulasiz Aminou  
Signature/Registered Agent

01-05-05  
Date

Abdoulasiz Aminou  
Signature/Incorporator

01-05-05  
Date

05 JAN -7 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA