

P05000061150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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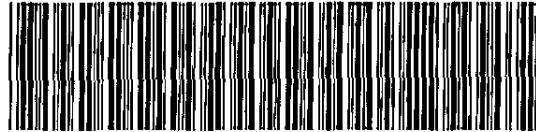
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT: MOUNA SMIRES PORTRAITS, INC.
(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: MOUNA SMIRES
Name (Printed or typed)

3136 CENTER ST.
Address

MIAMI, FL 33133
City, State & Zip

305-448-2606
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:

MOUNA SMİRES PORTRAITS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1825 PONCE DE LEON Blvd. # 459
CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact any and all activities or business permitted under the laws of the United States of America, the State of Florida and any other state or county.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MOUNA BENNANI-SMİRES
3136 CENTER STREET
MIAMI, FL 33133

ARTICLE VI REGISTERED AGENT

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

MOUNA BENNANI-SMİRES
3136 CENTER ST.
MIAMI, FL 33133

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MOUNA BENNANI-SMİRES
3136 CENTER ST.
MIAMI, FL 33133

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

Mouna Smıres

Signature/Registered Agent

4/19/05

Date

Mouna Smıres

Signature/Incorporator

4/19/05

Date

FILED
05 APR 22 PM 11:55
CLERK OF DISTRICT COURT
MIAMI, FLORIDA