# 00144049 Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0381

Account Name : YOUR CAPITAL CONNECTION, INC.

Account Number : I20000000257

Phone : (850)224-8870

Fax Number

: (850)224-7047

FLORIDA PROFIT CORPORATION OR P.A.

NOOR IMPORT & EXPORT, INC.

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## ARTICLES OF INCORPORATION

OF

#### NOOR IMPORT & EXPORT, INC.,

ARTICLE I.

# CORPORATE NAME

The name of this Corporation shall be:

#### NOOR IMPORT & EXPORT, INC.

The permanent and mailing address of the corporation shall be:

3006 Aviation Avenue, PH 4C Coconut Grove, Florida 33133

ARTICLE II.

#### NATURE OF CORPORATE BUSINESS

The Corporation may engage in any activity or business permitted under the laws of the United States and under the laws of the State of Florida.

#### ARTICLE III.

## CAPITAL STOCK

This Corporation is authorized to issue a maximum of One Hundred (100) Shares of Stock. The Shares of Stock authorized shall be common stock having a par value of one (\$1.00) DIXLAR per share. The consideration to be paid for each share of stock shall be fixed by the Board of Directors.

#### ARTICLE IV.

#### INITIAL REGISTERED AGENT AND INITIAL REGISTERED OFFICE

The Corporation's initial Registered Agent and Registered Office in the State of Florida shall be:

Louis M. Hillman-Waller, Esq 3006 Aviation Avenue, Ste 4-C Coconut Grove, Florida 33133

#### ARTICLE V.

## BOARD OF DIRECTORS

The number of Directors may be altered from time to time by by-laws adopted by the Stockholders. However, the Corporation shall have no less than one (1) Director at any time.

#### ARTICLE VI.

## INITIAL BOARD OF DIRECTORS

The name and post office address of the initial member(s) of the initial Board of Directors is/are:

Name:

Address

Bashir A. Elbusefi

c/o 3006 Aviation Avenue, PH 4C Coconut Grove, Fl. 33133

Louis M. Hillman-Waller

3006 Aviation Avenue, PH 4C Coconut Grove, Fl. 33133

The members of the first Board of Directors shall hold office until the first annual meeting of Stockholders of the Corporation.

# ARTICLE VII.

## INCORPORATOR

The name and post office address of the Incorporator(s) executing these Articles of Incorporation is/are as follows:

NAME

**ADDRESS** 

Louis M. Hillman-Waller

3006 Aviation Avenue, PH 4C Coconut Grove, FL 33133

The undersigned Incorporator(s), for the purpose of forming a Corporation to do business within the State of Florida, does make and file these Articles of Incorporation, hereby declaring and certifying that the facts stated are true.

Louis M. Hillman-Waller

STATE OF FLORIDA ] COUNTY OF DADE ] SS.:

The foregoing instrument was acknowledged by me this 21 day of October, 2005, by Louis M. Hillman-Waller, who is personally known to me or who has produced a WNCO LICONS

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The undersigned hereby accepts the foregoing designation as initial Registered Agent and agrees to comply with the provisions of law applicable to said designation.

LOUIS M. HILLMAN-WALLER, ESQ.

SECRETARY OF STATE
TALLAHASTER TO SOLD