

P0500014161LQ5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

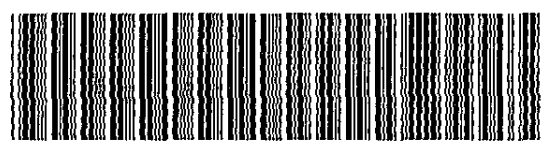
(Document Number)

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505  
W05-47193



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10/13/05--01010--018 \*\*87.50

FILED  
2005 OCT 31 AM 10:17  
TALLAHASSEE STATE  
TALLAHASSEE FLORIDA

11/1/05

**COVER LETTER**

**FILED**

2005 OCT 31 AM 10:17

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

**SUBJECT: ARFA GROUP OF ENTERPRISES, 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: NILA I HOQUE  
Name (Printed or typed)

5115 NORTH SOCRUM LOOP RD, APT #001  
Address

LAKELAND, FL-33809  
City, State & Zip

863-815-8771  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

FILED  
2005 OCT 31 AM 10:17  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

October 13, 2005

NILA IMTIAZ HOQUE  
5115 NORTH SOCRUM LOOP ROAD  
APT. #001  
LAKELAND, FL 33809

SUBJECT: ARFA ENTERPRISE  
Ref. Number: W05000047193

We have received your document for ARFA ENTERPRISE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Document Specialist  
New Filings Section

Letter Number: 605A00062557

**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:

ARFA GROUP OF ENTERPRISES, INC

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2005 OCT 31 AM 10:17

DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

5115 NORTH SOCRUM LOOP RD, APT #001, LAKELAND, FL-33809

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

NILA IMTIAZ HOQUE (PRESIDENT)

**ARTICLE VI REGISTERED AGENT**

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

NILA IMTIAZ HOQUE, 5115 NORTH SOCRUM LOOP RD, APT #001, LAKELAND, FL-33809


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

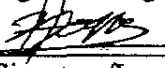
NILA IMTIAZ HOQUE, 5115 NORTH SOCRUM LOOP RD, APT #001, LAKELAND, FL-33809

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*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*

  
Signature/Registered Agent

10-22-05  
Date

  
Signature/Incorporator

10-22-05  
Date