

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : HUBCO

Account Number : 104662003400

Phone : (516) 935-3940

Fax Number : (516) 935-3088

# FLORIDA PROFIT CORPORATION OR P.A.

Suleiman & Co. Inc.

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\$78.75

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11/2/2005

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#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Suleiman & Co. Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Suleiman & Co. Inc. 18 Black Creek Way Ormond Beach, FL 32174



#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jawed Panja 18 Black Creek Way Ormond Beach, FL 32174

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Jawed Panja - President 18 Black Creek Way Ormond Beach, FL 32174

#### ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Jawed Panja 18 Black Creek Way Ormond Beach, FL 32174

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of November 2005.

Jawed Panja - Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registe	red agent and office is:	
	Jawed Panja	
	Name	S
	18 Black Creek Way	H.
	(P.O. Box or Meil Drop Box NOT Acceptable)	ORIGINAL ORIGINA ORIG
	Ormond Beach, FL 32174 (City / State / Zip)	
corporation at the place designated	gent and to accept service of process for the above state in this certificate, I hereby accept the appointment as	registered
corporation at the place designated agent and agree to act in this capac	in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and am familiar with and a	registered the statutes
corporation at the place designated agent and agree to act in this capacelating to the proper and complete	in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and am familiar with and a	registered the statutes
corporation at the place designated agent and agree to act in this capacelating to the proper and complete	in this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and am familiar with and a	registered the statutes
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