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(Re	questor's Name)	
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PICK-UP		MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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(11/17/06--01023--016 ***78.75



Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314 ALIU FINANCIAL GROUP SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE Enclosed are an original and one (1) copy of the articles of incorporation and a check for: V\$78.75 \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: STANLEY E. ALIU Name (Printed or typed)

COVER LETTER

1451 BLACKWOOD AVE Address GOTHA FL 34734 City, State & Zip 407-340-385 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)

<u>ARTICLE I NAME</u>

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

The name of the corporation shall be:

06 JAN 17 PM 3:53

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ALIU FINANCIAL GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1451 BLACKWOOD AVE GOTHA FL 34734.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conducting any lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), addres	s(es) a	ind specific t	itle(s):	-		÷
STANLEY	E.	ALIU	- {6	RESID	ENT	
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ARTICLE VI REGISTERED AGENT

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

STANLEY E. ALIL 1451 BLACKWOOD AVE GOTHA FL 34734.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STANLEY E. ALTU GOTHA FL 34734

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/Incorporator