P06000012457

(Requestor's Name)
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(City/State/Zip/Phone #)
☐ PICK-UP 📈 WAIT 🗌 MAIL
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(Duning - Fakibu Nama)
(Business Entity Name)
(Document Number)
1
Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
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<u> </u>

Office Use Only



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01/30/06--01003--009 **125.75

TALLAHASTEF FLORIDO OG JAN 27 PN 3: 3:

06 JAN 27 FN 3

COVER LETTER

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

BJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	ÚDĚ ŠUFFIX)
osed are an ori	ginal and one (1) copy of the ar	rticles of incorporation and	d a check for:
\$70.00	<u>.</u> \$78.75	\$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
<i>B</i>	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
	ADDITIONAL COPY REQUIRED		
FROM:	A. Khalia Alan	SAR (Printed or typed)	
	P.O. Box 2088	-(-
		Address	
	Tallahasse	ε FC 3231 φ y, State & Zip	
	Cit	y, State & Zip	

2			
	ARTICLES OF INCORPORATION		
Ī,	In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	·	
	ARTICLE I NAME		
=	The name of the corporation shall be:		
÷	10-15-1		
,	MIFII Corp.		
	ARTICLE II PRINCIPAL OFFICE		
	The principal place of business/mailing address is:		
	P 2 , BON 20881 Tallahassee, FC 32314		
-	Tallahassee, FL 32314	o 3	325
-	ARTICLE III PURPOSE	06 JAN 27	- CE
	the purpose for which the corporation is organized is:	=	至-
	Professional Comporation	27	SSE
	= 1	PF	179
	RTICLE IV SHARES	PM 3: 39	195
	-RTICLE IV SHARES The number of shares of stock is:	ယ္ထ	
	5,000,000		<i>y</i>
	•		
	ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS		٠.
	List name(s), address(es) and specific title(s):		
	P.O. Box Zogel		
	Tallahassee, FC 32316		
1 7	ARTICLE VI REGISTERED AGENT The name and Florida street address (R.O. Rev. NOT. constable) of the minute of the constable of		
	The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the register	ered agent is:	
	A. Khalia Alansari		
	5296 Saint Ives Lane Tallahassee F1 32309		
-	- •		
-	The name and address of the Incomparator is:		
<u>.</u> .	The <u>name and address</u> of the Incorporator is:		
-	A. Khalia Hlansari		
-	PO BOX 2088/		
•	Tallahasse, F1 32316	. مذيد بن من	ملد بالد بالد خلد ما
_	Having been named as registered agent to accept service of process for the above stated corpo		t in this
	certificate, I am familiar with and accept the appointment as registered agent and agree to act i	in this capacity	
•	$\it I$	1 37 17	
	Signatura/Dagietarad A cont	1-26-06 Date	
	Signature/Registered Agent		
٠	\tag{\tau}	1-24-06	'n
	Signature/Incorporator	Date	