

PO 70000/6280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

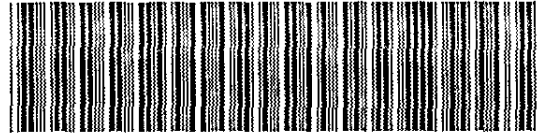
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FILED**  
07 FEB -5 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/6/07

**COVER LETTER**

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

**SUBJECT:** MANIAR CORPORATION  
**(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:** ARIF MANIAR  
Name (Printed or typed)

6620 SW 24 STREET  
Address

MIRAMAR, FLORIDA-33023  
City, State & Zip

786-315-0755  
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)

**ARTICLE I NAME**

The name of the corporation shall be:

MANIAR CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

6620 SW 24 STREET, MIRAMAR, FL-33023

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

RETAIL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

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

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

ARIF MANIAR

6620 SW 24 STREET, MIRAMAR, FL-33023

**ARTICLE VI REGISTERED AGENT**

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

6620 SW 24 STREET, MIRAMAR, FL-33023

ARIF MANIAR

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ARIF MANIAR

6620 SW 24 STREET, MIRAMAR, FL-33023

\*\*\*\*\*

*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*

Arif Maniar  
Signature/Registered Agent

2/1/07  
Date

Arif Maniar  
Signature/Incorporator

2/1/07  
Date

**FILED**  
07 FEB -5 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA