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# **COVER LETTER**

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

SUBJECT:	ASKARI ING (PROPOSED CORPORA		UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Name 20401	RI LEON KEMP (Printed or typed)  NW 20 th Ave. Address	
	City 丁&6 975-中3	Florida, 33056, State & Zip	75-5418

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: ASKARI INC.

# ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address of this corporation shall be: 20401 NW 20th Ave., Miami, Florida, 33056

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is to provide services, export-import, trading.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares of \$5.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR

Askari Leon Kemp 20401 NW 20th Ave. Miami, Florida, 33056 President

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## ARTICLE VI REGISTERED AGENT

The name of the registered agent is Askari Leon Kemp with address in 20401 NW 20th Ave., Miami, Florida, 33056

### ARTICLE VII INCORPORATOR

The name of the Incorporator is Askari Leon Kemp with address in 20401 NW 20th Ave., Miami, Florida, 33056

*****

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 (305) 625-1859

Date

Signature/Incorporator

(305) 625-1859

Date

Date: 08-22-08

State of Florida

**County of Dade** 

Before me, A Notary Public of the State of Florida, perso	nally appeared AS KIFI L KEMP	and
whose name is subscribed to the within instrument, and	he/she acknowledged, that he/she execu	ıted it.
He/She is personally or produced FDC	as identification. He/She did not take a	n
oath.		

**Notary Public**