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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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SECRETARY DESCRIPTION



COVER LETTER

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

SUBJECT:	Said and Shann	100 IOC TENÁME-MUSTINCI	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	FROM: Said Nader 2007 Name (Printed or typed)		
7255 State Road 207			
	EIKLON, FLorida	32 0 33 State & Zip	
	904 - 347 · 1	6368 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:

Said and Shannon, Inc.

PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

900 - A ANASTASIA BLVD ST. AUGUSTINE, FIZZOSO

MALING: 7255 STATE ROAD 247 EIKton, FL 32033

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

opening a new business

ARTICLE IV

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SAID NADER ZORI, 7255 STATE ROAD 207, EIKton, FL 32033, President Shamon Zori, 7255 STATE ROAD 207, EIKton, FL 32033, Vice President

REGISTERED AGENT

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

SAID NADER ZORI, 7255 STATE ROAD 207, EIKHON, FL 32033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAID NADER ZORI, 7255 STATE ROAD, 207, EIKLON, FL 32033

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

Signature/Incorporator

9-11-08 Date

9-11-08 Date