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(Requestor's Name)				
(Address)				
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(entyrelater Elph Holle h)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer: \$7.50				
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COVER LETTER

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

SUBJECT:	AMEY (PROPOSED CORPOR	The Corate Name - Must inci	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status
FROM:	Ni dal	Alkhateb	
	502 Tim	ber Xing Address	O9 APR 10 SECTION TALLAHASSE
	- Lynn han (850)	y, State & Zip 596-7709 Telephone number	TO HATE OF THE STATE OF THE STA

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: habiba The	
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: OFFICE STEPPER STATISTICS ARTICLE III PURPOSE The purpose for which the corporation is organized is: Denut Shop	
	O9 APR
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	SSEE M
Nidal Alkhateb Presdent 502 Timberxing Lynn haven FL 32444	O9 APR 10 AM 11:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered widal Alkhateb	agent is:
502 Timberxing Lynn haven FL 32444 ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: Nidal Alkhateb 502 timber xing	·
Lynn haven FL 32344 *********************************	
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
Signature/Registered Agent	Date

Date

ARTICLES OF INCORPORATION