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



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UNVISION CONTRACTOR OF THE ORIGINATIONS

AUG 14 2009 D. A. WHITE OP AUG IL PHIZ: 03
SECRETARY OF STATE

## **COVER LETTER**

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

| SUBJECT: H              | OO Kah King )<br>(PROPOSED CORPORA                 | 0 m                                    | INC         | t  |
|-------------------------|--|--|-------------|--|
|                         | (PROPOSED CORPORA                                  | TE NAME – <u>MU</u>                    | IST INCLUD  | E SUFFIX)  |
|                         |  |  |             |  |
| Enclosed are an orig    | inal and one (1) copy of the artic                 | cles of incorpor                       | ation and a | check for:   |
| ☐ \$70.00<br>Filing Fee |  | ☐ \$78.75<br>Filing Fee<br>& Certified | l Copy      | \$87.50 Filing Fee, Certified Copy & Certificate o |
|                         |  | ADDITIO                                | NAL COPY    | Status  Y REQUIRED                                 |
|                         |  |  |             |  |
| FROM: <u>Y</u> a        | sin I Najjar Name                                  | (Printed or type                       | ed)         | •  |
| 23.0                    | el 012 BainBridge                                  | RD<br>ddress                           | B211        |  |
|                         | allahasser City, S                                 | FL<br>State & Zip                      | 323         | 65   |
| <del></del>             | (850) 727 -0652<br>Daytime Te                      | lephone number                         | r           | <del> </del>                                       |
|                         | ancy yas in 1 a hot<br>E-mail address: (to be used |  |             | fication)  |

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) 09 AUG 14 PM 12: 03 ARTICLE I NAME The name of the corporation shall be: SECRETARY OF STATE TALLAHASSEE FLORIDA Hookah Lollinge KingDom Inc. ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: B.O. BOX 181034 2301 Old Bain Bridge RD APT B?11 Tallahasser Fl 32303 Tall-FL 30318 ARTICLE III PURPOSE The purpose for which the corporation is organized is: TOYP RUSINCSS All ARTICLE IV SHARES The number of shares of stock is: 2 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):

Whin I Majjar. 2301 010 Bain Bridge 170 Apt # 18211 ( president) Myhammed Fadel Alhelow PO BOY 181034 Tallahaster, FL, 32318. (Vice president) ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2301 012 Bam Brisse RD API- BOIL Muhanimed ALHelow Tall-FL 30303 Yasin I Nallar ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: muhammed ALHELOW POBOX 181034 Tallalance, FL, 32318 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