

P09000069395

(Requestor's Name)

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(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

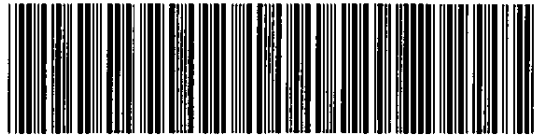
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W09-36341

Office Use Only



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08/10/09--01055--009 **87.50

FILED

2009 AUG 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8-18-09

COVER LETTER

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

SUBJECT: SchedEz Inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Faisal Memon
Name (Printed or typed)

403 Belmont Lane # 403
Address

North Lauderdale, FL 33068
City, State & Zip

9547400378
Daytime Telephone number

f_memon01@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2009

FAISAL MEMON
403 BELMONT LANE #403
NORTH LAUDERDALE, FL 33068

SUBJECT: SCHEDEZ INC
Ref. Number: W09000036341

We have received your document for SCHEDEZ INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 609A00027391

RECEIVED
DEPARTMENT OF STATE
09 AUG 17 PM 4:09

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2009 AUG 17 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: SchedEz Inc

ARTICLE II PRINCIPAL OFFICE

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

403 Belmont Lane # 403
North Lauderdale, FI 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide attributes based class scheduling solution to all levels of Education institutions

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CEO: Faisal Memon
403 Belmont Lane # 403
North Lauderdale, FI 33068

ARTICLE VI REGISTERED AGENT

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

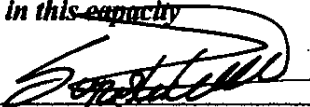
Surieska Martirena
100 Bayview Dr #1702
Sunny Isles, FI 33160

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Faisal Memon
403 Belmont Lane # 403
North Lauderdale, FI 33068

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

8/14/09

Date

8/14/09

Date