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(Req	uestor's Name)			
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PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
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DIVISION OF CORPORATIONS

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COVER LETTER

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

SUBJECT:	ZEB BroTH	ER'S /NC ATE NAME - MUST INCL		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status	
	ADDITIONAL COPY REQUIRED			
FROM: AURANG ZEB Name (Printed or typed)				
1504 ISTH STREET				
4	_	FL 3240, State & Zip	25	
	631-742-21 Daytime	Telephone number		
<u></u>	ZAIB FREE MA E-mail address: (to be use	120 YALOO ed for future annual report	· Com	

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: ZEB BROTher's INC 1504 15Th Street W The principal street address and mailing address, if different is: 1504 15Th SireeT N FARTICLE III PURPOSE The purpose for which the corporation is organized is: Any LAWfull Business ARTICLE IV SHARES The number of shares of stock is: 2 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President AURANG ZEB ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Parming ein & L 32405 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: AURANG ZEB 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

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