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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Considerations to Filling Officer				
Special Instructions to Filing Officer:				
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mint.

SECRETARY OF STATE





COVER LETTER

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

SUBJECT: FLYCA	BIN, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
[7] #70 00	n #70.76	F1 450 55	D 404 40
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
		ļ	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: Fly			
	Name	e (Printed or typed)	
PO	Box 740604	<u> </u>	
	•	Address	
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Ora	nge City, Florida 32774		
	City,	State & Zip	
386	-337-8887		
		elephone number	
n	hin@anail aana		
ilyca	bin@gmail.com	d for future annual report r	otification)
	E-man address, (to be ase	a ioi iuture amnaar report i	warvanon)

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

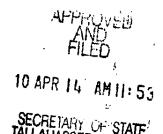
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Flycabin, Inc.



+

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 692 Glade View Dr., Sanford FL 32771

P.O.Box 740604, Orange City, FL 32774 (Mailing Address)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For profit

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Mohammed Shakil

692 Glade View Dr

Sanford, FL 32771

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Mohammed Shakil

692 Glade View Dr

Sanford, FL 32771

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

2 pmall	4/12/110	
Signature/Registered Agent	Date	
1 pphale	4/12/10	
Signature/Incorporator	Date	