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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only

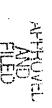


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SECRETARY OF STATE TALLAHASSEE, FLORIDA

0 JUL 16 PH 3:



10 21683

COVER LETTER

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

SUBJECT: SCAN	WAVE INC		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	iginal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	
		ADDITIONAL CO	PY REQUIRED
FROM: R	AMZI ANWAR SALIBA SUNNA Nam	e (Printed or typed)	20 v.
61	5 NE 12 AVE #202	Address	
		Address	
FC	ORT LAUDERDALE,FL,33304	State & Zip	
	City,	, State & Zip	
<u>95</u>	4-522-7439		· · · · · · · · · · · · · · · · · · ·
	Daytime 1	Celephone number	
PA	RTNERS@SCANWAVES.COM		
		d for future annual report t	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 2, 2010

RAMZI ANWAR SALIBA SUNNA 615 NE 12 AVE #202 FORT LAUDERDALE, FL 33304

SUBJECT: SCAN WAVE INC Ref. Number: W10000031683

We have received your document for SCAN WAVE 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 410A00016271

APPHOVEL AND FILED

ARTICI	ES OF	INCORP	DRATION
PAR I IL.			URALIUI

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

10 JUL 16 PM 3:38

ARTICLE I NAME

The name of the corporation shall be:

SCAN WAVE INC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 615 NE 12 AVE # 202 FORT LAUDERDALE, FL 33304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INFORMATION TECHNOLOGY SERVICES TRAINING.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
RAMZI ANWAR 615 NE 12 AVE #202 OWNER
SALIBA SUNNA FL 33304

ARTICLE VI REGISTERED AGENT

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

form-A-corp 4400 PGA Blvd, suite 900, palm brach Gondens, FL ARTICLE VII INCORPORATOR 33416

The name and address of the Incorporator is:

RAMZI ANWAR SALIBA SUNNA

815 NE 12 AVE # 202

FORT LAUDERDALE, FL 33304

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

Wn Wm (On behalf of form-A-Corp)
Signature/Registered Agent

Xaaa

Signature/Incorporator

7/19/10 Date

6/28/10

Date