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COVER LETTER

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

SUBJECT: Abanoub Technical Sol	utions,Inc.
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	ADDITIONAL COPY REQUIRED
frом: <u>Inass Riyad</u>	
Name	(Printed or typed)
5717 West Shore Dr	Address
. <i>P</i>	Address
New Port Richey, FL 34 City,	652 State & Zip
727-403-8520 Daytime To	elephone number
Inass.riyad@att.net E-mail address: (to be used	for future annual report notification)

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 II	PRINCIPAL OFFICE		
_	Principal street address	Mailing add	dress, if different is:
	5717 West Shore Dr		
D	lew Part Richey, Fl. 34652		
ADVIOLES IN	DVIDDOGE		
ARTICLE III	hich the corporation is organized is:		
	ion is formed to engage in all lawful	hueingee	= -
The corporati	on to termed to engage in all lawful	1 DUSINGSS.	
			AR F
•			ASS - 5
			7 M T
ARTICLE IV	SHARES		平 字
	res of stock is: 100		75 7
			ST ST
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	<u>ORS</u>	2: 47 STATE
Address:	tle: Inass Riyad - President 5717 West Shore Dr	Name and Title:	
riddiess.	New Port Richey, FL 34652	<u></u>	
		<u> </u>	
N			
Name and 11 Address:	tle:	Name and Title:	
Aguless.			
Name and Ti	tle:	Name and Title:	
Address:			
ADTICI E III	REGISTERED AGENT	<u></u>	
	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Inass Riyad		
Address:	5717 West Shore Dr		
	New Port Richey, FL 34652	 -	
ARTICLE VII	INCORPORATOR		
	iress of the Incorporator is:		
Name:	Inass Riyad		
Address:	5717 West Shore Dr	<u> </u>	
	New Port Richey, FL 34652		
Havino heen name	ed as registered agent to accept service of proc	cess for the above stated corner	ation at the place designated is
this certificate, I an	familiar with and accept the appointment as	registered agent and agree to aci	in this canacity
1/	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	3	
	Call		1-4-11
	Required Signature/Registered Agent		/- 4-// Date
F			
SUDMIT THIS DOCUM	ment and affirm that the facts stated herein of	are true. I am aware that the fo	use information submitted in a
weament to the De	partment of State constitutes a third degree fel		, <i>r</i> .3.
1/	Required Signature/Incorporator		1-4-//
1 1 1	<u> </u>		1 - 1 //