

P11000006059

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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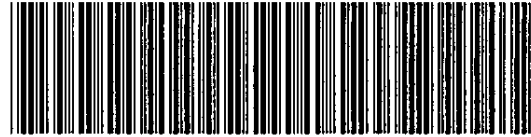
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 JAN 18 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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MRS  
1/19/11

## COVER LETTER

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

SUBJECT: NARSON INDUSTRIES 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ZULFIQAR SHEERMOHAMEI  
Name (Printed or typed)

3402 BRIDGE RD  
Address

COOPER CITY FL 33026  
City, State & Zip

904-330-7060  
Daytime Telephone number

SHEERSON@MSH.COM  
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)

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11 JAN 18 PM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: NASSON INDUSTRIES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

ZULFIQAR SHEERMOHAMEDI  
3402 BRIDGE RD  
COOPER CITY FL 33026

Mailing address, if different is: \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To embark in the Sanitorial, Painting, Mold Inspection, Lead Inspection  
and Energy Auditing.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ZULFIQAR SHEERMOHAMEDI PRESIDENT

Address: 3402 BRIDGE RD Address: \_\_\_\_\_

COOPER CITY  
FL 33026

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ZULFIQAR SHEERMOHAMEDI

Address: 3402 BRIDGE RD  
COOPER CITY FL 33026

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ZULFIQAR SHEERMOHAMEDI

Address: 3402 BRIDGE RD  
COOPER CITY FL 33026

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

Zulfiqar SheerMohamed  
Required Signature/Registered Agent

1/12/2011  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Zulfiqar SheerMohamed  
Required Signature/Incorporator

1/12/2011  
Date