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(Re	questor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nan	ne)
(Do	çument Number)	
	/	
Certified Copies	Certificates	of Status
		`
Special Instructions to	Filing Officer:	
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Office Use Only



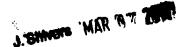
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TO ACKHUBLEDGE FROM

DEPARTMENT OF STATE

I MAR - 7 RM 3: 5



COVER LETTER

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

SUBJECT: Hamza Mahmoud Alawi 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 \$78.75 \$87.50 \$1ling Fee & Certificate of Status \$2.50 & Certified Copy & Certificate of Status	
ADDITIONAL COPY REQUIRED	
FROM: Hamza Mahmoud Alawi Name (Printed or typed)	
14681 mainst. B.O. 530	
City. State & Zip	7- 4
850-856-5111 SSE 1	
Hamzacarlos & yahoo. com 50 &	•

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)

	NAME corporation shall be:	Hamza	Mahmoud	Alqwi	1NC .	
ARTICLE II	PRINCIPAL OF	• •	1. (0)1.1 10 (2		17*	
<u> </u>	Principal stre	et address		Mailing	g address, if differe	nt is:
	14681 Mg	un st		KO	530 Fl, 32334	
	gretna	1, 3233	<u> 2</u> .	gretna) 1, 3233 4	<u></u>
ARTICLE III						
The purpose for	which the corporatio	n is organized is:				
ARTICLE IV The number of sh		100				
APTICLE V	INITIAL OFFIC	ERS AND/OR I	OTRECTORS		١.,	
Name and ' Address:	Title: Hamza A 1468 G a retua	lahmoud A nain St. H, 32352	AWI Name		esegent	
Name and	Title:			and Title:		
Address:			Addre	ss:		
Name and			Name			
Address:			Addre	ss:		

					A S	
	REGISTERED A		cceptable) of the regis	stered agent is:		∴
Name: Address:	Hamza	Mahmoyd Main st.	Alawi	sered agent is.	E BARY WASSE	MAR 17
ARTICLE VII	INCORPORATO	•			<u> </u>	e m
	ddress of the Incorpo		d Alawi		STARTE LORIDA	ე ე
	U med as registered ago	ent to accept servi	ce of process for the atment as registered a			
WALL PROPERTY.	hamza	<u>6</u>		ner from Call Prof. 4	03-0	7-11
	Required S	ignature/Registere	d Agent			Date
I submit this document to the	cument and affirm th Department of State o	hat the facts state constitutes a third	d herein are true. I o degree felony as prov	im aware that t ided for in s.817	he false informati 7.155, F.S.	on submitted in a
	Kama	a			07	01 11
	Parities	Cionatura/Incorn	orator		<u>03-</u>	Date - II