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COVER LETTER

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

BISSMA PACIFIC USA, INC. SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:



FROM:	RICHARD N. KRINZMAN, ESO			
	Name (Printed or typed)			
	800 Brickell Avenue Suite 1501			
	Address			
	Miami, Florida 33131			
	City, State & Zip		2	
	(305) 854-9700	Ê	2011 MAY	-)
_	Daytime Telephone number	ALEY VELLA	łΑY	
	rnk@khllaw.com	395 195	8	1
	E-mail address: (to be used for future annual report notification)		ЫЧ	<u> </u>
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		122 m 1	30	
	NOTE: Please provide the original and one copy of the articles.			

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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: ...BISSMA PACIFIC USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address 800 Brickell Ave #1501 Miami, Fl 33131 Mailing address, if different is: SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Titl Address:	e: <u>Magdi Bissada-President</u> c/o Richard N. Krinzman 800 Brickell Ave #1501 Miami, Florida 33131	Name and Title: Address:	
Name and Titl Address:	e:		
	e:		

ARTICLE VI REGISTERED AGENT

The name and Florida street addres	s (P.O. Box NOT acceptable) of the registered agent is:	r;		
Name: <u>Richard</u>				
Address: 800 Bric	kell Ave #1501	- T29		1
Miami, F	1 33131	-)		
		8	Ļ	102100
ARTICLE VII INCORPORATOR		, ,	<u>p</u>	57
The name and address of the Incorporator is:		' 🛒		11
Name: Magdi Bi	ssada 🧊	\sim	-	1
Address: 800 Bric	kell Ave #1501	••	4 ···	
Miami, F	lorida 33131	ည		

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

Required Signature/Registered Agent

Date

27

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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.

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Required Signature/Incorporator