## P12000040322

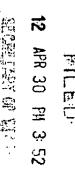
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## **COVER LETTER**

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

SUBJECT: ARNR ENTERPRISES INC				
(PROPOSED CORPORA	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 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate of Status			
	ADDITIONAL COPY REQUIRED			
FROM: REZART DARAGJATI				
Name	(Printed or typed)			
1701 WEST KAYLA COL	JRT address			
JACKSONVILLE FL 322	259 State & Zip			
904-288-6830 Daytime To	elephone number			
LOUISCPA@BELLSOUTH.NET  F-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 I The name of the co	NAME ARNR ENTERPRISES	SINC	FILED
ARTICLE II	PRINCIPAL OFFICE		12 APR 30 PH 3: 52
AKIICLE II	Principal street address	N	Aailing address; if different is:
2	INDEPENDENT DR SUITE 130	••	LANGE OF STATE
_	ACKSONVILLE FL 32202		中国基础系统通信,图1641 ·
_			
ARTICLE III	PURPOSE		
The purpose for w	hich the corporation is organized is:		
ANY AND AL	L LAWFÜL BUSINESS IN THE STA	ATE OF FLORI	DA TOTAL
	·		
ARTICLE IV	SHARES		
The number of share	res of stock is:100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	)RS	
	tle:REZART DARAJATI PRESIDENT		
Address:	1701 WEST KAYLA COURT		
	JACKSONVILLE FL 32259	<del></del>	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
		<u> </u>	
		·	
	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable)	of the registered ager	nt is:
Name:	REZART DARAJATI	<del></del>	
Address:	1701 WEST KAYLA COURT	<del></del>	
	JACKSONVILLE FL 32259		
	INCORPORATOR		
The name and add	Iress of the Incorporator is:		
Name:	REZART DARAGJATI	<del></del>	
Address:	1701 WEST KAYLA COURT	<del>_</del>	
	JACKSONVILLE FL 32259	<del></del>	
Having been name	ed as registered agent to accept service of proc	ess for the above sta	ted corporation at the place designated in
this certificate, I ar	m familiar with and accept the appointment as r	egistered agent and a	gree to act in this capacity
R			
11			04/24/12
	Required Signature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein a	re true. I am aware	that the false information submitted in a
document to the D	epartment of State constitutes a third degree fel	ony as provided for in	s.817.155, F.S.
D			
Ken	- COL		04/24/12
Required Signature/Incorporator			Date