

(Requestor's Name)				
(Áddress)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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05/31/12--01022--004 **70.00

TO MAY ST. AMILY 59





COVER LETTER

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

_{SUBJECT:} Koury Services Inc.				
(PROPOSED CORPORA	ΓΕ NAME – <u>MUST INCLUD</u>	E SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a c	check for:		
\$70.00 \$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: Bradley J. Koury Name	(Printed or typed)			
9740 SW 218th Street Address				
Cutler Bay, FL 33190	State & Zip			
305-799-9502 Daytime Te	lephone number			
bradjkoury@yahoo.co	om for future annual report notic	fication)		

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)

The name of the corpo	AME Fration shall be: Koury Se	ervices I	nc.
ARTICLE II P.	Principal street address O SW 218th Street ler Bay, FL 33190	Mailing address	
ARTICLE III PUTTING THE PUTPOSE FOR Which	rrpose the corporation is organized is: Vful business	3	
ARTICLE IV Si			
Name and Title Address:	Bradely J. Koury / President/CEO 9740 SW 218th Street Culter Bay, FL 33190	Name and Title:Address:	
Name and Title Address:	Carisa M. Koury / Vice President 9740 SW 218th Street Cutler Bay, FL 33190		
Name and Title: Address:		Name and Title:Address:	
	SGISTERED AGENT 1 street address (P.O. Box NOT acceptable) of the Michael S. Rothman 14781 S.W. 9446 Due. Miani, FL 33176		TO MAY 31
	CORPORATOR S of the Incorporator is: Michael S. Rothman 14781 Swayl Ave Miam: F-33176	nue_	5 C
Having been named a this certificate, I am fa	s registered agent to accept service of process for miliar with and accept the appointment as registe	or the above stated corporation cred agent and agree to act in t	at the place designated in his capacity
W	Required Signature/Registered Agent		5/29/2012
I submit this document document to the Depart	at and affirm that the facts stated herein are truetment of State constitutes a third degree felony as	ue. I am aware that the false of s provided for in s.817.155, F.S	Date information submitted in a i. (
<u>N</u>	Required Signature/Incorporator		5/29/2012