

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

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

SUBJECT: SANAD WHOLESALE INVESTMENT INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation and	l 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	

AHMED ABDELJAWAD

Name (Printed or typed)

2441 NW 39TH TER APT 201

Address

LAUDERDALE LAKES FL 33311

City, State & Zip

9542680675

Daytime Telephone number

MOHANND SA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

## The name of the corporation shall be: SANAD WHOLESALE INVESTMENT INC PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: Principal street address AHMED ABDELJAWAD 2441 NW 39TH TER APT 201 LAUDERDALE LAKEES FL 33311 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY AND ALL OF LAWFULL BUSINESS ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: AHMED ABDELJAWAD Name and Title: 2441 NW 39TH TER APT 201 Address: Address: LAUDERDALE LAKEES FL 33311 Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: AHMED ABDELJAWAD 2441 NW 39TH TER APT 201 Address: LAUDERDALE LAKEES FL 33311 ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: AHMED ABDELJAWAD Name: Address: 2441 NW 39TH TER APT 201 LAUDERDALE LAKEES FL 33311 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

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.

Required Signature/Incorporator Date