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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

MR)/13

COVER LETTER

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

SUBJECT: TITANIUM GROUP SERVICES INC.					
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Encl	osed are an orig	inal and one (1) copy of the arti	cles of incorporation and	i a check for:	
· .	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
•	FROM:	BAL R KARIM			
	62	Name 20 NW 86TH AVE	(Printed or typed)		

PEMBROKE PINES, FL 33024

City, State & Zip

954-275-1400

Daytime Telephone number

ROCKYKARIM@GMAIL.COM

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

Address

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)

ICLE I NA ame of the corpor	ME TITANIUM GRO	UP SERVIC	CES INC
icle 11 PR 0 NW 86	INCIPAL OFFICE Principal street address		g address, if different is:
TICLE III PUI	RPOSE the corporation is organized is:	D ALL LAWFUL	L BUSINESS
ICLE V IN	f stock is: TOOO TIAL OFFICERS AND/OR DIRECTOR	<u></u>	13 JAN 16 THE SECRETARY OF STALLAND SECRETAR
Name and Tit		Name and Title:	TALLAHASSEE. FLORIDA
ICLE V IN	<u>itial officers and/or director</u> ie:IQBAL R KARIM		TALLAHASSEE FLORIDA
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Ic: IQBAL R KARIM 620 NW 86TH AVE	Name and Title: Address:	TALLAHASSEE, FLORIDA
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR 1e: IQBAL R KARIM 620 NW 86TH AVE PEMBROKE PINES, FL 33024	Name and Title: Address: Name and Title:	TALLAHASSEE, FLORIDA
Name and Tit Address Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR 1e: IQBAL R KARIM 620 NW 86TH AVE PEMBROKE PINES, FL 33024	Name and Title: Address: Name and Title: Address:	

(conti.)

FILED

Name and Address	i Title:	Name and Title:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	ANDREW M CARGILL		
Address:	9050 PINES BLVD SUITE# 450-1		
	PEMBROKE PINES, FL 33024		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	IQBAL R KARIM		
Address:	620 NW 86TH AVE		
	PEMBROKE PINES, FL 33024		
I submit this docu	ed as registered agent to accept service of process m familiar with and accept the appointment as region and accept the appointment as region and affirm that the facts stated herein are to purtuent of State constitutes a third degree felony	istered agent and t	agree to act in this capacity $ \frac{1 - 4 - 2018}{\text{Date}} $ That the false information submitted in a
	Required Signature/Incorporator	<u>_</u>	1-14-13 Date