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SUFFICIENCY OF FILING

OUTSION OF CORPORATIONS

4/11 H

COVER LETTER

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

SUBJECT:	Kanva Ben. Ir	\C. ATE NAME – <u>MUST INCL</u>	
•	PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fce	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	•
		e (Printed or typed)	
	003 Grenadine	Address	
<u> </u>	Vinter Park, FL	32792 , State & Zip	
<u>(1</u>	107) 921.512-8 Daytime 1	Telephone number	
Ω_	makhalil a me. E-mail address: (10 be use	Com. ed for future annual report i	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 NAME The name of the corporation shall be: Ranya	Ben Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing add	dress, if different is:
Winter Park, FL. 3279	92	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any and all law	ful business.	
ARTICLE IV SHARES The number of shares of stock is: \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(
Name and Title: 403 Grenado	halil wome address: Yes	dent
Winter Park	AL. 32792	
Name and Title:	Name and Title:	13 AP
Address		SER FREE FREE FREE FREE FREE FREE FREE F
Name and Title:		STATE STATE
Address	•	
		,

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Amira Mali Address: Load Grenadine CH Dinter Park FL. 32192 ARTICLE VII INCORPORATOR The name and address of the incorporator is: Name: Amira Chali Address: Load Grenadine CH What FL. 32712 Having been named as resistered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familial with and accept the hypointhem as registered agent and agree to act in this capacity I submit this document and wifting that the facet stated herein are true. I am aware that the false information submitted in a document to the Department of State continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State Continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State Continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State Continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State Continues after the Department of State Continues aftered herein are true. I am aware that the false information submitted in a document to the Department of State Continues aftered herein are true. I am aware that the false information is a state of the Department of State Continues and the Department of State Continues	Name and Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address:	Address	Address:
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Name: Amica Chalil Address: Loo3 Grenadine Cit Winter Park FL 82192 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Amica Chalil Address: Loo3 Grenadine Cit Winter FL 32712 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 impointment 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 Sale constitutes whird degree felony as provided for in s.817.155, F.S.		OT accentable) of the registered agent is:
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: CO3 GY enading CH Whey Roy H. 32772 Having been named as resistered 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 impointment as registered agent and agree to act in this capacity Resured Signature/Registered Agent I submit this document and offirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of Sate constitutes at hird degree felony as provided for in s.817.155, F.S.	1 2 1	Tracceptable) of the registered agent is.
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