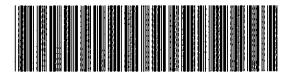
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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
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| (Document Number) |
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|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



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13 HAY -9 PH 2: 46

A. DUNLAF

COVER LETTER

13 HAY -9 PH 2: 58

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

| SUBJECT: SCH TO IT | UCKING 1 | NC. | |
|--|---|--|--|
| (PROPOSED CORPOR | RATE NAME – <u>MØST INCL</u> | UDE SUFFIX) | |
| Enclosed are an original and one (1) copy of the a | rticles of incorporation and | d a 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 CO | ADDITIONAL COPY REQUIRED | |
| <u>_</u> | ne (Printed or typed) | | |
| 517 /g//e wood | Address | | |
| Oldsmar, F | L 34677 y, State & Zip | | |
| (727) 32 9 | - 8530 Telephone number | | |
| K6Ø9@m | Ly FSU, ed (sca for luture annual report |) | |

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 | | out c | King M | <u>C.</u> |
|---|---|-------------|---------------------|---------------------------------------|
| P | CIPAL OFFICE rincipal street address WOOOD Drive | | Mailing address, if | |
| | FL, 34677 | | | |
| ARTICLE III PURPO The purpose for which the | OSE corporation is organized is: | ny all 1 | auful | bussness |
| | | | | |
| | | | | SEUNETANA ALLAHASS |
| ARTICLE IV SHAP The number of shares of st ARTICLE V INITI | | ECTORS | الم ما | PH 2: 58 Y OF STATE SEE FLORIDA |
| Name and Title: | Karım Georg | nes Presion | ile: | |
| Address _ | 517 19Kewood OldSmar FC | • | , | |
| Name and Title:_ | | Name and Ti | tle: | |
| Address | | | | |
| Name and Title:_ | | Name and Ti | tle: | |
| Address | | Address: | | |
| | | | | · · · · · · · · · · · · · · · · · · · |

| Name and Title | | Name and Title: | | | |
|--|---|--------------------------|----------------|--|--|
| Address | | Address: | | | |
| | | | | | |
| | | · · | | | |
| | | | | | |
| | HSTERED AGENT street address (P.O. Box NOT acceptable) of | the registered agent is: | | | |
| Name: | form Georges | | | | |
| Address: | 17 lakewood Drive | - | | | |
| | oldSmar FL 3462 | | | | |
| ARTICLE VII INC | <u>ORPORATOR</u> | | | | |
| The name and address | of the Incorporator is: | | | | |
| Name: | Karim Georges | | | | |
| Address: | 517 lakewood Drive | 2 | | | |
| _ | Oldsmar FC 346 | | • | | |
| 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 | | | | | |
| Harring | 600 | | 5-9-13 | | |
| | Required Signature/Registered Agent | | Date | | |
| | and affirm that the facts stated herein are ment of State constitutes a third degree felon | | | | |
| Down (| Required Signature/Incorporator | | 5-9-13 Date | | |
| | | | - | | |