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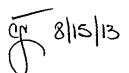
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COVER LETTER

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

ВЈЕСТ:	(PROPOSED CORPOR	OF HOME>	<u> </u>
closed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED

FROM: Jallal Botshekan	_	
Name (Printed or typed)		
3761 Esplanade Way	_ ≥ 88 3	
	AG AG	<u></u>
Tallahassee, FL 32311 City, State & Zip	_ <u>\$</u>	型式
		思兵
(850) 559-1221	- 2: 2t	i.
Daytime Telephone number	D	
5BO+SheKan@comcast.net E-mail address: (to be used for future annual report 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)

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Name and Title:

Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:
Name: Jallal Botshekun	y or the region of agent is:
Address: 376/ ESPlanaden	Jay
Tallahasser, EL 3	<u>'2311</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Jallal Botsheka Address: 3761 Esplanade 1 Tallahassee, FL	<u>^</u>
Address: 3/6/ RSPlanade 1	<u>vay</u>
Tallahasser, Fl	<u>3</u> 2311
Having been named as registered agent to accept service of pro- this certificate, I am familiar with and accept the appointment as	
Aulle Ba	8115/13
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree for	
Dalle Ba	8115/13
Required Signature/Incorporator	Date

Name and Title:___

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SECRETARISHEE FLOREM