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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 21 2013



## COVER LETTER

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

SUBJECT: **RASLIM INTERNATIONAL, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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**

FROM: **RASLIM INTERNATIONAL, INC.**

Name (Printed or typed)

**21409 NW 13TH CT SUITE 505**

Address

**MIAMI GARDENS, FL 33169**

City, State & Zip

**305-987-2477**

Daytime Telephone number

**RASLIM@MSN.COM**

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)

**ARTICLE I    NAME**

The name of the corporation shall be: RASLIM INTERNATIONAL, INC

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

21409 NW 13TH CT, SUITE 505

MIAMI GARDENS, FL 33169

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RASHEED OLADELE, PRSD

Name and Title: \_\_\_\_\_

Address 21409 NW 13TH CT, SUITE 505

Address: \_\_\_\_\_

MIAMI GARDENS, FL 33169

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: OLA OLAIGBE  
Address: 1111 PARK CENTER BLVD, STE 205  
MIAMI GARDENS, FL 33169

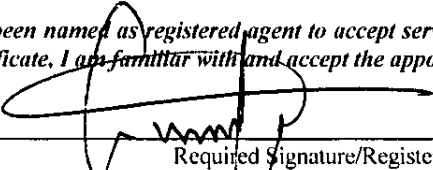
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: RASHEED OLADELE  
Address: 21409 NW 13TH CT, SUITE 505  
MIAMI GARDENS, FL 33169

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TALLAHASSEE, FL 32399

*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

08/07/2013

\_\_\_\_\_  
Date

*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

08/07/2013

\_\_\_\_\_  
Date