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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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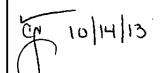
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COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	TE NAME - MUST INCL	IDE SHEELY)
	(I NOI OSED CONI ONA	TE NAME - MOST MCD	DUE SOFFIA)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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
FROM:	QUINTA TAI	LEH	
i Rowi.	Name	e (Printed or typed)	
	3735 Trevol	ct·	
-		Address	
	Tallahassee City,	Pa 32703	
	305-494- 432 Daytime T	9	NES SEE
	Gndre · roache P E-mail address: (to be use	great-com	
	E-mail address: (to be us	g 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 NAM The name of the corporat	E -ion shall be:	Felecom	Express	inc		13 OCT 14	PH 1: 27
	VCIPAL OFI Principal <u>stree</u>		•	Ma	iling addre	ess, if different is:	STATE FI SI ORIDA
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		DR. MEZV		Laudeh			<u></u>
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Name and Title:	GuINT	ATAKEH	Name	and Title:	offic	el	
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	lalland	avec A323	305	<u></u>			
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Name and Title:			Name	and Title:			
Address			Addre	ess:			
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Name and T	Citle:	Name and Title:
Address		Address:
	REGISTERED AGENT ida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Quiria Takeh	
Address:	3735 Trevol ct.	
	12/35 Trevol ct.	
ARTICLE VII	INCORPORATOR	•
The <u>name and addi</u>	ress of the Incorporator is:	
Name:	Gumta Takel	
Address:	3735 Treval ct.	
	3735 Trevol ct.	N3
Having been named this certificate, I am	d as registered agent to accept service of process a familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
		10/14/13
	· Required Signature/Registered Agent	Date
I submit this document to the De	nent and affirm that the facts stated herein are partment of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
•	Ore	10/14/13
	Required Signature/Incorporator	Date

13 OCT 14 PM 1:27