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SECRETARY OF STAIL



COVER LETTER

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

SUBJECT: HAT	TEM ENTERPRI	SES, 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				
FROM: H	ATEM ALI						

Name (Printed or typed)

11916 SKY LAKE PLACE

Address

TEMPLE TERRACE, FL 33617

City, State & Zip

(813) 735-0538

Daytime Telephone number

hatem7@me.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)

	PRINCIPAL OFFICE Principal street address 6TH STREET Mailing address, if different is: 11916 SKY LAKE PLACE				
AMPA, FL	33617	TEMPLE TERRACE, FL 3361			
TICLE III PU	RPOSE a the corporation is organized is:	LOUNGE A	ND ANY LAWFUL	. BUSII	NES

T-V0					
TICLE IV SE	IARES 1000				
number of shares of	of stock is: 1000			2014 J	DISIAID
TICLE V IN	of stock is: 1000 TITIAL OFFICERS AND/OR DIRECTORS tle: HATEM ALI, PRESIDENT	Name and Title:		2014 JAN-1	DIVISION OF
number of shares of	of stock is: 1000				DIVISION OF CORP
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Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTORS THE: HATEM ALI, PRESIDENT 11916 SKY LAKE PLACE TEMPLE TERRACE, FL 33617	Name and Title: Address: Name and Title: Address:		-6 PM12: 45	

Name and Title:			FILED SECRETARY OF STAIL DIVISION OF CORPORATION	
		Name and Title:	ORIE IAN C	
Address	·	Address:	2014 JAN -6	PM 12: 46
				······································
ARTICLE VI	REGISTERED AGENT			
	lorida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	HATEM ALI			
Address:	11916 SKY LAKE PLACE			
	TEMPLE TERRACE, FL 33617			
ARTICLE VII	INCORPORATOR			
The name and a	ddress of the Incorporator is:			
Name:	MOEIN MARASHI, ESQ.			
Address:	400 N. ASHLEY DRIVE, STE 1100			
radies.	TAMPA, FL 33602			
	med as registered agent to accept service of process am familiar with and accept the appointment as reg			ignated in
$\mu_{a}\mu_{a}$	ana Ali		12/23/2013	3
119	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein are t Department of State constitutes a third depree felony			nitted in a
p			12/23/201	13
	Required Signature/Incorporator	>	Date	