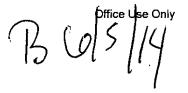
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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BIVISION OF COSMA From

COVER LETTER

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

SUBJECT: Articles of Incorporation of iProjectz Company (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 \$78.75 \$87.50 \$87.50 \$Filing Fee Filing Fee & Certificate of Status

Certificate of Status

ADDITIONAL COPY REQUIRED

M٠	ISMET KAMAL			
	Name (Printed or typed)			
	8100 NW 10TH CT			
	Address			
	PLANTATION, FL 33322			
	City, State & Zip			
	954-298-5570			
	Daytime Telephone number			
	ismet.kamal@yahoo.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 NAM The name of the corporat		ıy		
	NCIPAL OFFICE Principal street address H CT	Mailing	Mailing address, if different is:	
PLANTATION	· · · · · · · · · · · · · · · · · · ·			-
	he corporation is organized is:			-
	which the corporation is organized	.		_
which corporation	ons may be incorporated unde	r the Florida Bus	siness Corporation Act	•
ARTICLE V INT	IRES stock is: 10,000,000 shares (no par value is: 10,000 shares (no par value	S Name and Title:	——————————————————————————————————————	- - -
Address		Address:		
	PLANTATION, FL 33322		<u>.</u>	34
Name and Title		Nome and Titlet	÷.	
•			-	
Address		Address:		
		· <u></u>		
Name and Title:		Name and Title:		_
Address		Address:		_
				_
		· · · · · · · · · · · · · · · · · · ·		•

Name a	ınd Title:	Name and Title:
Addre	35	Address:
ARTICLE VI	REGISTERED AGENT	-
Name:	Florida street address (P.O. Box NOT acceptable) of ISMET KAMAL	f the registered agent is:
Address:	8100 NW 10TH CT	
	PLANTATION, FL 33322	
ARTICLE VII	INCORPORATOR	P 2
The name and a	address of the Incorporator is:	£ 5
Name:	ISMET KAMAL	1 5
Address:	8100 NW 10TH CT	_
	PLANTATION, FL 33322	- - -
Having been na this certificate,	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
Provinced Simple Providend April		5/20/2019
	Required Signature/Registered Agent ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
<u> </u>	Required Signature/Incorporator	Date Date