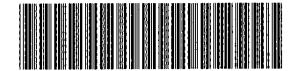
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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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14 SEP -8 AM ID: 39

14 SEP -8 MIII: 03

1#

COVER LETTER

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

SUBJECT: BOOK EMPIRE (PROPOSED CORPORA)	110C.				
(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	a check for:			
\$70.00 \$78.75 Filing Fee 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: Abdullo him Gule/ Name (Printed or typed)					
1370 Ocolo Rd. Apt. #114					
Tallahossee EL 32304 City, State & Zip					
0	380 775				
<u>gulerralium</u> E-mail address: (to be used	smail.com	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 corpora	NE tion shall be: BOOK EMPIR	E INC.	14 SEP -8 AKII: 03
	NCIPAL OFFICE Principal street address	15 A	failing address, if different is:
1540 Capita STE. 0	d Circle S.W	1540 5te	
Tallahosse	e, FL 32310	70/1	g hassee, FL 32310
ARTICLE III PUR The purpose for which t	POSE he corporation is organized is: We	sell us	ed books.
The number of shares of	ARES stock is: TIAL OFFICERS AND/OR DIRECTOR		Colib ATRY Member
Name and Title	O(1)	Name and Title:	FUEVI PITTI
Address	4370 OCALA ROAD # 114	Address:	AP + #26
	Tollahossee /FZ 32304		Tallahossee, FL 323D4
Name and Title	:	Name and Title:	
Address			
Name and Title	·	Name and Title:	
Address		_ Address: _	
		-	

HTT. AD

Name and Title:	_ Name and Title:_	14 SFP -8 AMII: 03
Address	Address:	Charles Berry
		ACIERO JE POPINA ALLAN
,		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> (P.O. Box NOT acceptable)	of the registered agen	tt is:
Name: HOOVIAhim Gule	4111	
Address: 1370 Ocaso Rd	# 114	
Tallohossee, FL 3	2304	
ARTICLE VII INCORPORATOR		•
The name and address of the Incorporator is:		
Name: Abdussahim Gules	<u>-</u>	1
Address: 1370 Ocala Bo	1 #11	7
Tallahassee, FL	_ 32304	<u>(</u>
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as r	ess for the above state egistered agent and c	ed corporation at the place designated in agree to act in this capacity
_ 1. Q A		Na-08-2014
Required Signature/Registered Agent		Date
I submit this document and affirm that the facts stated herein at document to the Department of State constitutes a third degree feld		
re-l		09-08-2014
Required Signature/Incorporator		Date