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

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COVER LETTER

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

SUBJECT: <i>C</i>	OLVIN CORP (PROPOSED CORPORA	OF USA.	
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Accounting 925 S. Milli West Palm Bo Ph: (561) 687-6466 general@accountin	e (Printed or typed) J Advantage tary Tr. # D4 ach FL 33415 FX: (561) 687-6469 gadvantageusa.com	
	561-6	State & Zip 687-6466	
	Daytime T	elephone number	1 (0 70
	ARAZ Accounting E-mail address: (to be use	gravan ruge USF d 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)

			•	PATION OF USA	
Principal street address			Mailing address, if different is:		
3274 S. M	,				
hake wo	Mr. FL	33463			
ARTICLE III PURI	POSE ne corporation is	s organized is:	FOR AL	a Legal works	
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				APR	land fi
			·····	7	
				<u> </u>	Y,+
				:: 0 0	7708
	'IAL OFFICE	P & O RS AND/OR DIR	PCTORS		
Name and Title		11.		C	11
rvaine and Title.	: ARIF	MASOON		Title: SHAESTA NAAZ	
Address	3274 S	MASOOB Military T	R. Name and	Title: SHAESTA NAAZ 3274 S. Military	V. Trai
Address	: ARIF 3274 S Lake	MASOOB Military T WOM, FI	R. Name and	Title: SHAESTA NAAZ 3274 S. Military Lake ATOTA FL 33463	
	Lake	worth, FI	R. Name and Yail Address:	. Lake worth	
	Lake	worth, FI	R. Name and Yail Address:	FL 33463	
Name and Title:	Lake	Worth, FI	## Name and Address: ### Address: ### Name and Address:	FL 33463	
Name and Title:	Lake	worth, Fi	R. Name and Address: 33463 Name and Address:	FL 33463	
Name and Title: Address Name and Title:	Lake	Worth, FI	R. Name and Address: 33463 Name and Address:	FL 33463 Title:	
Name and Title: Address Name and Title:	Lake	Worth, FI	Name and Address:	Title:	

Ĵ

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: ARSHAD MASOOD	
Address: 3274 S. Military Trail	, ?
Jake worth F1 334	63
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: ARSHAD Masoca	
Address: 32745. Hilitary Trans	
Name: ARSHAD Masocal Address: 32745. Military Trans Pake Work, Fl. 3346:	3
Having been named as registered agent to accept service of process this certificate, I am 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
x Anshud masood	4/15/2015
X Anshud masood Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are a document to the Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
X Anshud was ood Required Signature/Incorporator	4/15/2015
required organization meorporator	Duit

Dated 4/15/2015

The Secretary of State,

Division of Corporation

State of Florida, 32314

Dear Madam / Sir

It is humbly bring to your kind knowledge that I owned a Corporation named,

"COLVIN CORPORATION OF USA". Which I do not want to reinstate rather I want to form a new Corporation using the same name of "COLVIN CORPORATION OF USA",. I am submitting herewith Incorporation application along with required fee.

I therefore request your kind honor to allow me to use the same name for which I will Be quite grateful to your kind office

With kind regards,

Yours Sincerely,

(A. Masood & S. Masood)