

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H16000004082 3)))



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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LI TRADING INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED

16 JAN -6 PM 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN -6 AM 11:34  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#H16000004082

**ARTICLE I NAME:** The name of the corporation is:L.I. TRADING INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

Principal: 11632 NW 19th Dr.Coral Springs, FL 33071Mailing: PO Box 813334, Hollywood, FL 33081**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Rabyah Hasmatiali (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not-acceptable) of the registered agent is:

Rabyah Hasmatiali11632 NW 19th DrCoral Springs, FL 33081**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Rabyah Hasmatiali11632 NW 19th Dr.Coral Springs, FL 33081RECEIVED  
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TALLAHASSEE, FLORIDA

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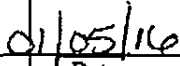
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**Required Signatures:**

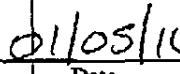
**Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity**

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
Date

**I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.**

  
\_\_\_\_\_  
Incorporator

  
\_\_\_\_\_  
Date

H16000004082