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## **COVER LETTER**

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

| SUBJECT: JF 1                                | тонч  | OGRAPHY, INC.                                |                                     |                         |           |                         |
|--|-------|--|-------------------------------------|-------------------------|-----------|-------------------------|
|  |       | (PROPOSED CORPORA                            | TE NAME – <u>MUST INCL</u>          | UDE SUFFIX)             |           |                         |
| Enclosed are an                              | origi | nal and one (1) copy of the art              | icles of incorporation and          | d a check for:          | 7         |                         |
| ■ \$70.0<br>Filing Fe                        |       | □ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | & Certificate of Status |           |                         |
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| FROM:  |       | NE 60 Street                                 | e (Printed or typed)                |                         | 16 MAY 13 | SECRETAR<br>TALLAH / AS |
| Fort Lauderdale, FL 33308  City, State & Zip |       |  |                                     |                         | PM 4: 23  | COF STATE               |
|  | 954-  | 609-3262                                     |                                     |                         | دب        | ÐA                      |
|  | asaac | Daytime T<br>dakar@aol.com                   | elephone number                     |                         |           |                         |
|  |       |  | 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)

| Mailing address, if different is: |                |
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|                                     | <u>REGISTERED AGENT</u><br>Florida street address (P.O. Box NOT accep                                    | table) of the registered agent is:  |  |
| Name:                               | Asaad Akar   | , ,   |  |
| Address:                            | 2129 NE 60 Street  | <del> </del>  |  |
| Address.                            | Fort Lauderdale, FL 33308  |   |  |
| ARTICLE VII                         | INCORPORATOR   |   | - F.S  |
|                                     | address of the Incorporator is:  |   | SECRE  |
| Name:                               | Asaad Akar   |   | 1 5.C<br>1 5.A<br>3 888                                |
| Address:                            | 2129 NE 60 Street  | <del></del>   | PA FEE   |
| Address:                            | Fort Lauderdale, FL 33308  |   | # 4: 2   |
| Effective date, i                   | EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and filing.) | (OPTIONAL<br>I cannot be more than five busin                             | ω □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □                |
|                                     | te inserted in this block does not meet the app<br>effective date on the Department of State's re        |   | ts, this date will not be listed as                    |
| Having been no<br>this certificate, | amed as registered agent to accept service of<br>I am familiar with and accept the appointme             | process for the above stated corpo<br>nt as registered agent and agree to | ration at the place designated in act in this capacity |
|                                     | han  |   | 5/10/16  |
|                                     | Required Signature/Registered Ag   | ent   | Date   |
|                                     | ocument and affirm that the facts stated her<br>e Department of State constitutes a third degr           |   |  |
| _                                   |  |   | 5/10/16  |
| Req                                 | uired Signature/Incorporator   | <del></del>   | Date   |