Phodooblo84

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	Idress)			
(Cit	ty/State/Zip/Phone	e#)		
PICK-UP	■ WAIT	MAIL.		
(Bu	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



400287342484

07/15/16--01005--013 **78.00

July 13, 2016

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern:

I hereby release as corporate owner/president the corporation named AJ Enterprise GCS Inc. document number P14000003395 to myself, Abu Islam. I do not intend to reinstate the said corporation.

Alau M. B.

COVER LETTER

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

SUBJECT: AJ Enter	rprise GCS Inc.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	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 COPY REQ	
FROM:		e (Printed or typed)	
153	5 Blanding Blvd. #110	Address	
Mić	ldleburg, FL 32068	Aduress	
	City	State & Zip	
863	-513-8963		
	Daytime 7	elephone number	
vha	ccountant@comcast.net		
	F-mail address: (to be use	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)

Pr 3 North Orange Avenu en Cove Springs, FL 33	AL OFFICE incipal street address	
en Cove Springs, FL 32		Mailing address, if different
	3043 	
ICLE III PURPOSI	₹ .	
purpose for which the	Any a corporation is organized is:	nd all lawful business.
Name and Title:	OFFICERS AND/OR DIRECTOR bu Islam, President	Name and Title:
	35 Blanding Blvd. #1110	Address:
M	iddleburg, FL 32068	
_		
November of Title		Name and Tide
Name and Title:		Name and Title:
		Address:
Address		Address:
Address		Address:
Address Name and Title:		Address: Name and Title:

Name an	nd Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Vicki Middlekauff CMA, PA	asis, or the registered again is:
Address:	786 Blanding Blvd., Stc. 120	
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Orange Park, FL 32065	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Abu Islam	
Address:	1535 Blanding Blvd.#1110	
	Middleburg, FL 32068	
Effective date, if		. (OPTIONAL) cannot be more than five business days prior or 90 business
	e inserted in this block does not meet the app effective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as cords.
this certificate, I	am familiar with and accept the appointmen	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
1/u-VI	Required Signature/Registered Age	7/13/16
	Required Signature/Registered Age	nt Date
I submit this doc		in are true. I am aware that the false information submitted in a
Requ	Albu M. The ired Signature/Incorporator	7/13/16 Date