| (Re                                     | equestor's Name)   |             |  |
|---|--------------------|-------------|--|
| (Ad                                     | ldress)            |             |  |
| (Ad                                     | dress)             |             |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |
| PICK-UP                                 | WAIT               | MAIL        |  |
| (Bu                                     | siness Entity Nar  | ne)         |  |
| (Do                                     | ocument Number)    |             |  |
| Certified Copies                        | _ Certificates     | s 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:  | AR - RAHMAN<br>(PROPOSED CORPORAT          | U NC.<br>TENAME-MUST INCLU          | JDE SUFFIX)  |  |  |  |
|---|--|-------------------------------------|--|--|--|--|
| Enclosed are an original and one (1) copy of the articles of incorporation and 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                       | I.   |  |  |  |
| FROM: IFTIKHAR ALI KHAN  Name (Printed or typed)  2471 Rain Lillyway  Address               |  |                                     |  |  |  |  |
| Tallahasee 32311 City, State & Zip  |  |                                     |  |  |  |  |
| 872-301-2284  Daytime Telephone number  |  |                                     |  |  |  |  |
| E-mail address: (to be used 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)

| ARTICLE I NAME  The name of the corporation shall be: $AR - RAHM$ | IAN INC   |
|---|---|
| ARTICLE II PRINCIPAL OFFICE Principal street address              | Mailing address, if different is:   |
| 7471 Rain Lilly way Tallahasee Fl. 33311                          | Seme  |
| ARTICI F III PURPOSE  | ny and all lawfull business.  |
|   |   |
|   | GNOV 29   |
| ARTICLE IV SHARES The number of shares of stock is:               | FM 2: 23  |
| ADTICLE V INITIAL OFFICERS AND/OR DIRECTORS                       | Director)  ORID AHMED (Director   |
| Address 2471 Rain lillyway  | Name and Title: SOBIA AHMED (Director Address: 2471 Rain Lilly way Tallahesce Fl. 32311 |
|   |   |
| Name and Title:   | Name and Title:   |
| Address   | Address:  |
|   | <u> </u>  |
| Name and Title:   |   |
| Address   |   |

| Name and Title:   | Name and Title:  |   |
|---|--|---|
| Address   | Address:   |   |
| · .   |  |   |
|   |  |   |
|   |  |   |
|   |  |   |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT a   | ccentable) of the registered agent is:   |   |
| Name: SOBIA AHMED   |  |   |
| Address: 2471 Rain Lil  | 1 y way  |   |
| Tallahasea 323  |  |   |
| ARTICLE VII INCORPORATOR  |  | TOWARD TO A STATE OF THE STATE |
| The <u>name and address</u> of the Incorporator is:   |  | 29  |
| Name: Iftikuar Ali KI   | Nau  |   |
| Address: 2471 Rain Lill   | of may   | PH 12: 2  |
| Tallahaspe 3  | 52311  | ······································  |
| ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specified as a floor the filing) | c and cannot be more than five busine  | .)<br>ess days prior or 90 business   |
| days after the filing.)   |  | · · · · · · · · · · · · · · · · · · ·   |
| Note: If the date inserted in this block does not meet the document's effective date on the Department of Sta   |  | ts, this date will not be listed as   |
| Having been named as registered agent to accept servi<br>this certificate, I am familiar with and accept the appoi  | ice of process for the above stated corpo<br>ntment as registered agent and agree to | oration at the place designated in act in this capacity   |
|   |  | 29-11-2016  |
| Required Signature/Registere  | •  | Date  |
| I submit this document and affirm that the facts state document to the Department of State constitutes a third  | d herein are true. I am aware that the<br>I degree felony as provided for in s.817.1 | fulse information submitted in a<br>155, F.S.   |
| Q. Q.S  | - · · · ·  |   |
| Required Signature/Incorporator   |  | 29-11-2016.   |