

COVER LETTER

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

SUBJECT: Al-Salam of Tallahassee, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE 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 COPY REQUIRED

FROM: Bassam I. Awwad
Name (Printed or typed)

3255 Arbor Hill Way
Address

Tallahassee, FL 32309
City, State & Zip

850-879-9067
Daytime Telephone number

tawwad@comcast.net
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32309

16 DEC 27 AM 11:29

APPROVED
AND
FILED

NOTE: Please provide the original and one copy of the articles.

APPROVED
AND
FILED

16 DEC 27 AM 11:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Date: December 27, 2016

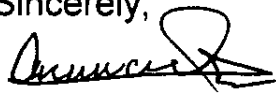
To: State of Florida, Division of Corporations

RE: Al-Salam of Tallahassee, Inc – Document Number P07000078533

To Whom It May Concern,

We do not intend to reinstate Al-Salam of Tallahassee, Inc., Document Number P07000078533. Please release the name.

Sincerely,



Bassam I. Awwad

President.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

16 DEC 27 AM 11:29

ARTICLE I NAME

The name of the corporation shall be: Al-Salam of Tallahassee, Inc

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
3255 Arbor Hill Way
Tallahassee, FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bassam I. Awwad, President Name and Title: _____

Address 3255 Arbor Hill Way Address: _____
Tallahassee, FL 32309

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

16 DEC 27 AM 11:29

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Bassam I. Awwad

Address: 3255 Arbor Hill Way

Tallahassee, FL 32309

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Bassam I. Awwad

Address: 3255 Arbor Hill Way

Tallahassee, FL 32309


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

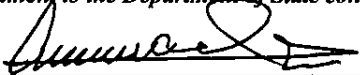
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

<u></u>	<u>12-27-16</u>
Required Signature/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.

<u></u>	<u>12-27-16</u>
Required Signature/Incorporator	Date