

P17000029032

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

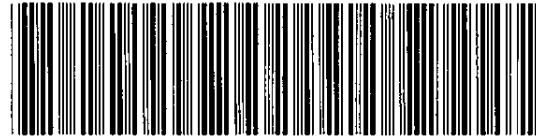
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

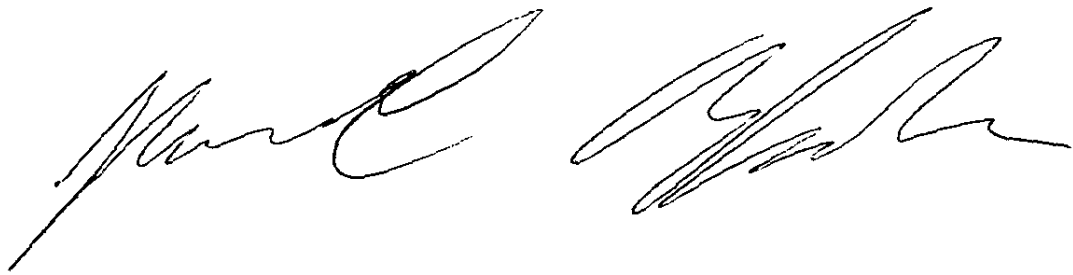


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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 31 PM 1:19
RECEIVED
2017 MAR 31 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I JAHREAL ANATAH
AM^{NOT} RELEASING THE CORPORATIONS
OF SELASSIE 1ST P1500007465
TO FILE WITH THE SAME
NAME



3-30-17

COVER LETTER

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

SUBJECT: SELIASSIE 1ST 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: JAHOREAC ANASTAIT
Name (Printed or typed)

P.O. Box 5713
Address

Tallahassee FL
City, State & Zip

312-848-4821
Daytime Telephone number

Seliasie1stInc@gmail.com
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: Selassie 1st Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
330 PARKER KNIGHT RD
Midway FL 32343

Mailing address, if different is:

P.O. Box 5713
Tallahassee FL 32314

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO JAHREHL ANANT Name and Title: _____
Address: P.O. Box 5713 Address: _____
Tallahassee FL
32314

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 31 PM 4:13

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

ARTICLE VI REGISTERED AGENT

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

Name: JAHREHL ANWAJAH
Address: 330 PARKER KNIGHT RD
MIDWAY FL 32343

ARTICLE VII INCORPORATOR

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

Name: JAHREHL ANWAJAH
Address: PO Box 5713
Tallahassee FL 32314

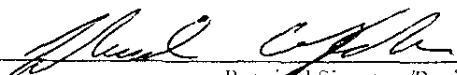
ARTICLE VIII EFFECTIVE DATE:

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 business days prior or 90 business 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

 3-30-17
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.

 3-30-17
Required Signature/Incorporator Date