

PT 70000 86501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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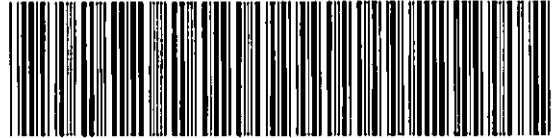
(Business Entity Name)

(Document Number)

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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: EARLY IMPRESSIONS OF MIDTOWN AT YULEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

463159 STATE ROAD 200, UNIT 4

YULEE, FL 32097

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ABDEL M. ZAKARIYA PRESIDENT

Name and Title: _____

Address 7036 SAWLEY CT

Address: _____

TALLAHASSEE, FL 32317

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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JACKSONVILLE, FL

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: FRANK RONG CPA
Address: 3116 CAPITAL CIRCLE NE STE 3
TALLAHASSEE, FL 32308

ARTICLE VII INCORPORATOR

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

Name: ABDEL ZAKARIYA
Address: 7036 SAWLEY CT
TALLAHASSEE, FL 32317

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/26/2017 (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

Required Signature/Registered Agent
10/26/2017
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.

A. Majid Zakariya
Required Signature/Incorporator
10/26/2017
Date