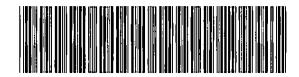
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COVER LETTER

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

SUBJECT:	Shroug FAC	TO VAME MIET INCL	HAE CLIEBIANA	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	ODE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	icles of incorporation and	la check for:	7
S70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Samir Naja Namo	K? (Printed or typed)		ilio ma
_	Tallahassee t	Address 32310 State & Zip		E.

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

Steem naja hi @ yahaa. Com
E-mail address: (to be used for future annual report notification)

3SO 328 4768

Daytime Telephone number

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

ARTICLE 1 NAME The name of the corporation	shall be:	Shrova	Inc		
ARTICLE II PRINCIP. Pri	AI. OFFICE incipal <u>street</u> address	_	Mailing ac	Idress, if different is:	
HAVAHA	FL 32533	_			
ARTICLE III PURPOSE The purpose for which the	corporation is organized is:	Conscar	GAS Stu	tion	
					5
				<u>;</u>	<u>း ဆီ</u> ဆိ
ARTICLE IV SHARES The number of shares of ste	ock is: <u>/:20</u>		-		න ආ ආ
	OFFICERS AND/OR DIREC				
	Samir Nojahi	•			
	Tallahassez	FC 32312		· · · · · · · · · · · · · · · · · · ·	
Name and Title:		NauNau	ne and Title:		
Address		Ad			
-	-				
Name and Title:_		Na	me and Title:		
Address					
_					

Name and Titl	e:	Name and Title:	
Address		Address:	
	•		
The name and Florida	ISTERED AGENT 1 street address (P.O. Box NOT acceptable)	of the registered agent is:	
	Sami v Majahi		
Address:	1655 Wade Rd	_	
	Talla hosse: FC32	312	250
ARTICLE VII INC	<u>ORPORATOR</u>		
The name and addres	s of the Incorporator is:		€5 i
Name:	Samir Najaki	_	φ - -
Address:	1655 Wade Rd Tallahossee FC		6 7
	Tallahossee +C	3236 	
ARTICLE VIII EFF Effective date, if other (If an effective date if filing.)	FECTIVE DATE: Than the date of filing: $0/\partial 5/i\bar{\epsilon}$ Is listed, the date must be specific and can	- (OPTIONAL) not be more than five days prior or 90) days after the
Note: If the date inset the document's effect	rted in this block does not meet the applicabive date on the Department of State's record	le statutory filing requirements, this dat s.	e will not be listed as
Having been named this certificate, I am f	is registered agent to accept service of proc umiliar with and accept the appointment as	ess for the above stated corporation at t registered agent and agree to act in this	the place designated in capacity
4	ossille doi to	· ·	01/23/18
——————————————————————————————————————	Required Signature/Registered Agent		Date
I submit this docume document to the Depo	nt and affirm that the facts stated herein a ortment of State constitutes a third degree fe	re true. I am aware that the false info lony as provided for in s.817,155, F.S.	rmation submitted in a
A)	Mulle Hai tu		01/23/18
Required	Signature/Incorporator	 	Date