Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

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THE SECTION SHEET OF THE RELIANT

FLORIDA PROFIT/NON PROFIT CORPORATION THE FALLS PLAZA INC

Certificate of Status	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:	
The FAILS PLAZA Inc	18 18
ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is: P: 12884 5.W 87 Ave. WIAM; FL 33176	1/1R - 9 PM 3:55
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	 .
Mohammed Samhan (P)	
ARTICLEY	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is:	
THE PART OF THE PA	
12884 SW 87 AVE	
10001	

Required Signatures:

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

. Registered Agent

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.

Incorporator

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