

P19000038605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

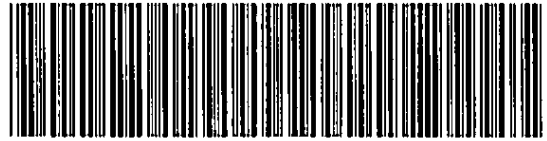
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400328297944

04/30/19--01005--005 \*\*78.75

FILED  
19 APR 30 AM 11:20  
SECRETARY OF STATE  
MONTANASSECT.DEP

MAY 10 2019  
C Kinsey

**COVER LETTER**

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

**SUBJECT:** THAP ARABIA FOR INVESTMENT CORP.  
\_\_\_\_\_  
(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:** NAHIL BARAKAT  
\_\_\_\_\_  
Name (Printed or typed)  
  
POBOX 803  
\_\_\_\_\_  
Address  
  
LAKE WALES, FL 33898  
\_\_\_\_\_  
City, State & Zip  
  
(863)6783093  
\_\_\_\_\_  
Daytime Telephone number  
  
GHB2250#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** THAP ARABIA FOR INVESTMENT CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address \_\_\_\_\_ Mailing address, if different is: \_\_\_\_\_  
Khalthum Bin Wael Building \_\_\_\_\_  
No. 2970 Al thahera \_\_\_\_\_  
pobox 67977 Riyadh SA 11517 \_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Transportation, Trucking and freightliner, Cargo services,  
Logistic services, Transportation net work, Repair & maintenance, Complete inventory line of most common  
parts from all makes and models, Towing, Road side assistance, joint venture and any other lawful business.

Company shares and profit sharing :

Ahmed A.A. AIDriwish 55%

Mahmoud Shakha 45%

**ARTICLE IV SHARES** 10000000 at \$2.00 pershare  
The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ahmed A.A. AIDriwish Chairman

Address: Khalthum Bin Wael Building

No. 2970 Al thahera

pobox 67977 Riyadh SA 11517

Name and Title: Mahmoud Shikha Vice-Chairman

Address: Alhareth Ben Qaues St.

Amman Jordan

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TAMPA, FLORIDA  
19 APR 30 AM 11:20  
1-FLD

Name and title

Name and title

Name

Name

**ARTICLE VI REGISTERED AGENT**

The name and address of the registered agent shall be the name and address of the registered agent.

Name: BOB Services  
Address: 2401 Sunset Point DR  
Lake Wales FL 33998

FILED  
19 APR 30 AM 11:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Ahmed Abdalrhahman Alarwish  
Address: Khojrum Bin Wasel Building  
No. 2670 Althahera pobox 61377 Riyadh

**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 entered in this block does not meet the applicable state filing requirements, the date will not be listed on the document's effective date on the Department of State's record.

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

4/23/19  
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.

\_\_\_\_\_  
Required Signature Incorporator

23/4/2019  
Date