## P19000077391

(Requestor's Na	ame)
(Address)	
(Address)	<del></del>
(City/State/Zip/F	Phone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
(Document Nur	nber)
Certified Copies Certifi	icates of Status
Special Instructions to Filing Office	r:





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SECRETANDE OF TALLAHASSEE FILMS

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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Layla Investments, In	ıc.			
	<del>-</del>		_	
	<del></del>		<del>                                     </del>	
				Art of Inc. File
···	, <u></u>			LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature		<del></del>		Fictitious Owner Search
				Vehicle Search
				Driving Record
Requested by: Seth	10/15/19			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
				UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## **COVER LETTER**

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

Layla Investments, Inc.

SUBJECT:	(PROPOSED CORPOR	THE BLADEN TO THE PARTY OF THE	<del></del>
	(I NOI OSED CORPORO	ATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	issef Ettouati		
	Name	(Printed or typed)	
3002	2 U.S. 301		
-		Address	
Tam	pa, FL 33619		
	City,	State & Zip	
813-	482-2971		
	Daytime T	elephone number	
naz.t	oorachi.fl@g:mail.com		
	E-mail address: (to be used	for future annual report n	otification)

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)

RTICLE II PRIN	CIPAL OFFICE		_
	Principal street address	Mailing ad	dress, if different is:
02 U.S. 301			
ımpa, FL 33619			
THE PLANT			
RTICLE III PURP e purpose for which	the corporation is accomined in. Any &	all lawful business practices	
	<u> </u>		
			, <u> </u>
		· · · · · · · · · · · · · · · · · · ·	
			-
			<del></del>
TOUR III GILL	v.c.a		2019 OCT SECKET TALLAHA
TICLE IV SHAR e number of shares of	stock is:		9 <b>0</b> 0
		<del></del>	
TICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		्रहारी <b>ज</b>
	Youssef Ettouati, Pres	N I mu	20 E
	3002 U.S. 301	Name and little:	——————————————————————————————————————
Address	3002 0.3, 301	Address:	ψ. Ε.Σ. ω
	Tampa, FL 33619		.,,
			<u> </u>
Name and Title			
14ame and 11de	· <del></del>	Name and Title:	<del></del>
Address		Address:	
		<del></del>	
		<u> </u>	
Name and Title		Name and Title:	
Name and Title		A.41	
		A.41	

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and F	lorida street address (P.O. Box NOT accepta Youssef Ettouati	.ble) of the registered agent is:
Name:		<del></del>
Address:	3002 U.S. 301	<del></del>
	Tampa, FL 33619	
APTICIEVII	INCORPORATOR	
	·	
The name and a	address of the Incorporator is:	
Name:	Youssef Ettouati	<del></del>
Address:	3002 U.S. 301	
	Tampa, FL 33619	
Effective date	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and	l cannot be more than five days prior or 90 days after the
-	the inverted in this block does not meet the apr	olicable statutory filing requirements, this date will not be listed as
the document's	s effective date on the Department of State's re	ecords.
Havino hass	nomed as registered agent to accept service of	f process for the above stated corporation at the place designated
this certificate	, I am familiar with and accept the appointme	ent as registered agent and agree to act in this capacity
	Acquired Signature/Registered Ag	1 1
I submit this	document and affirm that the facts stated he	rein are true. I am aware that the false information submitted i
document to t	he Department of State constitutes a third deg	ree Jeiony its provided for in section 1 -