(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

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

SUBJECT:	Arifbayer Tr	ansport I	nc
·	(PROPOSED CORPOR/	ATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	I a check for:
S70.00 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 CO	PY REQUIRED
FROM:	Alisher Arifba	aytiv ne (Printed or typed)	
4513 Adanson st			
_	Orlando	Address FC 3280  State & Zip	24
	407 - 797 - Daytime	- 2935 Telephone number	
	Worldfllc @	Egmail Co	Ot1/

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

CLE I NAME ame of the corporation shall be:	,	<del></del>	
CLE II PRINCIPAL OFFIC	<u>E</u> <u>et</u> address ,	Mailing	address, if different is:
4513 Aganso	<del>συ sit</del>		
Orlando FL	32804		
		<del></del>	
CLE III PURPOSE urpose for which the corporation	n is organized is:		
,	Tra	nsport	
		7 0 1	
CLE IV SHARES	1		
CLE IV SHARES umber of shares of stock is:	/		
CLE IV SHARES  umber of shares of stock is:  CLE V INITIAL OFFICERS			
	SAND/OR DIRECTORS	Name and Title:	
CLE_VINITIAL_OFFICERS  Name and Title:	SAND/OR DIRECTORS		
CLE_VINITIAL_OFFICERS  Name and Title:	S AND/OR DIRECTORS		
CLE_VINITIAL_OFFICERS  Name and Title:	S AND/OR DIRECTORS		2
CLE_VINITIAL_OFFICERS  Name and Title:	S AND/OR DIRECTORS		
CLE_VINITIAL_OFFICERS  Name and Title:	SAND/OR DIRECTORS	Address:	21 00 12 21 AHAS
Name and Title:  Name and Title:  Address  Name and Title:	SAND/OR DIRECTORS	Address:  Name and Title:	ZII) UCT Z4
Name and Title:  Name and Title:  Address  Name and Title:	SAND/OR DIRECTORS	Address:  Name and Title:  Address:	ZIJJ UCI 24 FIII
Name and Title:  Name and Title:  Address  Name and Title:  Address	SAND/OR DIRECTORS	Address:  Name and Title:  Address:	ALTARA TO ALGALIA
Name and Title:  Name and Title:  Address  Name and Title:  Address	SAND/OR DIRECTORS	Address:  Name and Title:  Address:	ALVELY SELVEN SEVEN SEVE
Name and Title:  Name and Title:  Address  Name and Title:  Address	SAND/OR DIRECTORS	Address:  Name and Title:  Address:	STANASSEL STAFF
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address	SAND/OR DIRECTORS	Name and Title:  Name and Title:  Name and Title:	STANASSEL STAFF

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	OT acceptable) of the registered agent is:
Name: Alisher Arif Address: 4513 Adanso Orlando FL	bayer
Address: 4513 Adamso	${N} {S +}$
Orlando FL	32904
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is: $A I = I \qquad 0  A I$	٠, ١
Name: #115her #114	bayer
Address: 4513 Adaus	ou st
Name: Alisher Arif Address: 4513 Adausc Orlando FL	32804
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAL)
(If an effective date is listed, the date must be sp filing.)	ecific and cannot be more than five days prior or 90 days after the
	eet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of	
	service of process for the above stated corporation at the place designated in
this certificate. I am familiar with and accept the a	pointment as registered agent and agree to act in this capacity
Required Signature Regi	stered Agent Date
I submit this document and affirm that the facts	stated herein are true. I am aware that the false information submitted in a
	third degree felony as provided for in s.817.155, F.S.
_ Alisher Arithe	10/24/15
Required Signature/Incorporator	Date