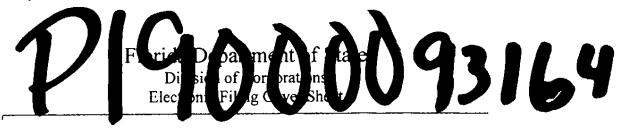
Division of Corporations

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(((H19000362016 3)))



H190003620163ABC

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number : 075350000353 Phone : (800) 221-2972 : (718)889-7420 Fax Number

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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## Siyanah Corporation

Certificate of Status	0
Certified Copy	1
Page Count	02
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Corporate Filing Menu

Help

W. Lawrence 12/16/2019

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

ARTICLE I NAMI The name of the corpor		<u>.</u>		
ARTICLE II PRIN			Mailing address, if different is:	
Principal <u>street</u> address 1897 Palm Beach Lakes Blvd., Stc. 219		1897 Palm Beach Lakes Blvd., Ste. 219		
West Palm Beach, FL	<del></del> -	West Palm Beach, FL 33409		
ARTICLE III PURE The purpose for which which corporations ma	the corporation is organized is:	any lawful act or	activity for	
ARTICLE IV SHAL	RES 1,000 f stock is:		2019 DEC 16 SECRETAR TALLAHA	
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTORS		Solomon Tarik/Director	
Name and Tit	Solomon Tarik/PRESIDENT	Name and Title	:- <del></del>	
Address	Al-Akkariya Bldgl-Set 407	_ Address:	Al-Akkariya Bldgl-Sct 49777	d
	Moussa Bin Nossair St.		Moussa Bin Nossair St.	
	Riyadh, Kingdom of Saudi Arabia 11553		Riyadh, Kingdom of Saudi Arabia   1553	,
Name and Titl	Solomon Tarik/Secretary	Name and Title	M	
Address	Al-Akkariya Bldg1-Set 407	Address:		
	Moussa Bin Nossair St.	_		
	Riyadh, Kingdom of Saudi Arabia 11553			
Name and Titl	Solomon Tarik/Treasurer	Name and Title	::	
Address	Al-Akkariya Bldg1-Set 407	Address:		
	Moussa Bin Nossair St.			
	Rivadh, Kingdom of Saudi Arabia 11553	-		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		· · · · · · · · · · · · · · · · · · ·	
ARTICLE VI The pame and F	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Michael Guyard	_	
Address:	1897 Palm Beach Lakes Bivd., Ste. 219	<del>-</del> -	
	West Palm Beach, FL 33409	_	
		2016	
	INCORPORATOR	DEC PALL	M
The name and a	address of the Incorporator is:	AS - V	
Name:	Michael A. Lampert, Esq.	- AS	
Address:	1655 Palm Beach Lakes Blvd Ste 900	SET SET	
Address.	West Palm Beach, FL 33401	2019 DEC 16 AM 11: 45 SECRETARY OF STATE TALLAHASSEE, FL	
Tipe - along Jaka St	EFFECTIVE DATE: fother than the date of filing:	(OPTIONAL) not be more than five business days prior or 90 business	
(If an effective days after the f	date is listed, the date must be spectise and cann lling.)	lot be note than the parmers only beset of the parmers	
Note: If the dat		e statutory filing requirements, this date will not be listed as	·
Having been na this certificate, l	med as registered agent to accept service of process am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity  by Maril Alaphi & 12/16/19  Date	
	Moral Guyard F	or eviperice 16/16/17	
I submit this do document to the		e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.	
	7	12/16/11	
Requ	aired Signature/Incorporator	A Longel, is	