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Division of Corporations
Fax Number : (850)617-6381

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Account Number : 075350000353
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE IV SHARES ne purpose for which the corporation is organized is: **TICLE IV SHARES** ne number of shares of stock is: **Name and Title:** **Address** Name and Title:** Name and Title:** Address** Name and Title:** Name and Title:** Address** Name and Title:** Address** Name and Title:** Name and Title:** Address** Name and Title:** Address** Name and Title:** Name and Title:** Address** Name and Title:** Name and Title:** Name and Title:** Address** Name and Title:** Name and Title:** Address** Name and Title:** Name and Title:** Address**	DELCTE U DELLA				
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Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	e) of the registered agent is:	
Name:	MICHAEL BAHARESTANI		
Address:	819 NE 14TH PLACE		
	FORT LAUDERDALE FL 33304		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		~2
Name:	MICHAEL BAHARESTANI		.72
Address:	14 TIDEWAY STREET		
	GREAT NECK NY 11024		22
ARTICLE VIII	EFFECTIVE DATE:		<u>:</u> ਯੂ
Effective date, if	other than the date of filing:	(OPTIONAL)	ပ်၅ dos os 90 hileiness
(If an effective of days after the fi	late is listed, the date must be specific and caling.)	innot be more than live business days pi	rior or 30 business
Note: If the date the document's e	inserted in this block does not meet the applic ffective date on the Department of State's reco	able statutory filing requirements, this date rds.	will not be listed as
Having been nar this certificate, I	ned as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corporation at the s registered agent and agree to act in this c	he place designated in capacity
•	ny	3/12	111
	Required Signature Registered Agent	Care	Landard for a
I submit this docu- decument to the D.	ment and affem that the facts stated herein are li epartment of State constitutes a third degree felony	ur. I am aware that the false information sui as provided for in 2.817.155, F.S.	व्यवस्थान्यः । व
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Kewan	nd Signature Incorporator	Pate	T