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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

100001395541
-02/02/95--01078--004
*****78.75 *****78.75

SUBJECT: FARSHADI DEVELOPMENT CORPORATION
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check for $ 78.75 .

FROM: SHAHROKH FARSHADI
Name (printed or typed)

17352 NW 61 CT S.
Address

HIALEAH, FL 33015
City, State, & Zip

(305) 828-8962
Telephone Number

Note: Please provide the original and one copy of the Articles.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

FARSHADI DEVELOPMENT CORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FARSHADI DEVELOPMENT CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

17352 NW 61 CT S.
HIALEAH, FL 33015

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE THOUSAND

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHAHROKH FARSHADI
17352 NW 61 CT S.
HIALEAH, FL 33015

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SHAHROKH FARSHADI
17352 NW 61 CT. S.
HIALEAH, FL 33015

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

29 day of JANUARY, 19 95.

Signature

Signature

Signature

Articles of Incorporation
Filing Fee - $35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: FARSHADI DEVELOPMENT CORPORATION

2. The name and address of the registered agent and office is:

SHAHROKH FARSHADI
(NAME)

17352 NW 61 CT S.
(P. O. BOX NOT ACCEPTABLE)

HIALEAH, FL 33015
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE 1-29-95

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/31/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT
CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED
AND
FILED
95 OCT 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amendment

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000099969

1. Corporation Name
FARSHADI Development INC.

Principal Place of Business
17352 NW 61 Ct.
Miami Fl 33015

Mailing Address

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26		
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc	4. FEI Number 650608804	☑ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
24 Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

SHAHROKH FARSHADI
17352 NW 61 Ct
Miami Fl. 33015

10. Name and Address of New Registered Agent

81 Name: EHTERAM A. EMAMIUREH
82 Street Address (P.O. Box Number is Not Acceptable): 17352 NW 61 Ct.
83
84 City: Miami FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SHAHROKH FARSHADI President — oct 4 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President & Secretary SHAHROKH FARSHADI 17352 NW 61 Ct. Miami Fl. 33015	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	Vice President & Treasurer ☐ Change ☑ Addition EHTERAM A. Emamiureh 17352 NW 61 Ct. Miami Fl. 33015
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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*****70.00 *****70.00

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SHAHROKH FARSHADI — oct 4 95 — 305-828 8962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EHTERAM A. Emamiureh E. Emami — oct 4 95 — 305-828 8962