# P96000023957

#### TRANSMITTAL LETTER

Department of State Division of Corporations	,
P.O. Box 6327 " Tallahassee, FL 32314	. 1

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****122.50	****122.50

SUBJECT:	BOLLYTRADE - SON	1, MC.	
•	(proposed corporate name)	· <del>-</del>	

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$122.50.

FROM:

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TALL SPASSEF FLORID

Note: Additional copy of articles is needed when certified copy is requested.

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#### ARTICLES OF INCORPORATION

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BOLLYTRANE & SON, INC.

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 | NAME

The name of the corporation shall be:

BOLLYTRADE & SOM, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

MAILING HOUSESS. PO BOX 0505
GON LOCKN FL 33004

#### ARTICLE III CAPITAL STOCK

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

## ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

GBOLAGUNTE A. ANCIELE 1080 ME 176 TERR MONTH MINTHUL BERLIN, FC 33167

## ARTICLE V INCORPORATOR(S)

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

GROLAGIMTE AMOBELE 1080 ME 176 TERR

MERTH MITTHEN BENCH, FL 33162.

•		
undersigned ha	s(have) exe	cuted these Articles of Incorporation this
		Signature/Title
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		. Signature/Title

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

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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: 13-07-1-13-86-55 4 SON, IMC.
2.	The name and address of the registered agent and office is:
	GBOLAGUNIE A. AYUSELE
	(NAME)
	(P.O. BOX NOT ACCEPTABLE)
	MORTH MARM BEACH, PL 33162.
	(CITY/STATE/ZIP)

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.