P96000027552

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

⊕ E	HOLLY 67 BY 96 SOLUTION SOLUTION STATES OF STA	Il and one (1) co \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	check	,
	FROM: SHIRAZ TARANIA Name (printed or typed)					
		2321. W.E 220st # 7-				
		O Carle City	, State & Zip	La 34470	IIAR 29 KII	
		904. Daytime 1	622.880 9 Telephone number		11 9: 33	
						O)

NOTE: Please provide the original and one copy of the articles.



ARTICLES OF INCORPORATION

STATE STATE

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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:

Sheryar, inc

ARTICLE II PRINCIPAL OFFICE

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

2321. N.E 2nd St # 16 Ocala Florido 34470

ARTICLE III SHARES

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

100 Shores P/ Value \$11:00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHIRAZ TARAHIA 2321 NG 2nd St # 16 0 Cala Florida 34470

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

SHIRAZ TARANIA 2321. N.E 2nd St # 16 Ocala Florida 34470

The und	lersigned inco	rporator(s) has(have) executed these Articl	es of Incorporation this
29	_ day of	Morch, 19 96	2 :
	_\$	Signature	
		Signature	
		Signature	

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Sharyer inc							
2. The name and address of the registered agent and office is:								
SHIRAZ	(NAME) ARAWIA							
	OD BOX NOT ACCEPTABLE)							
OCo. Corre	5/6) ida 34470							

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.

Shires + cusicina 03.29.96
(SIGNATURE) (DATE)