

P96000068579

TRANSMITTAL LETTER RECEIVED

96 AUG 16 PM 3:21

DIVISION OF CORPORATION

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

SUBJECT: AZAD ENTERPRISE INC.
(Proposed corporate name - must include suffix)

300011824073
-00/19796--01002--004
***131.25 ***131.25

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

96 AUG 16 PM 3:29

FILED

FROM: JAMALUDDIN MADANI
Name (printed or typed)

ROUTE 3 Box 1099
Address

STARKE FL 32091
City, State & Zip

(352) 473-4715
Daytime Telephone number

96 AUG 15 PM 3:28
FILED

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

16

ARTICLES OF INCORPORATION

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: **AZAD ENTERPRISE Inc.**

ARTICLE II PRINCIPAL OFFICE

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

ASAD DISCOUNT BEV.
ROUTE 3 BOX 1099
STARKE, FL 32091

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: **100**

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAHSOOD A. PATHAN
368 E. MIMOSA DR.
STARKE FL 32091

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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):


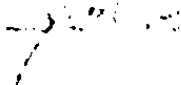

SAMALUDDIN MADANI	PRESIDENT
YASMEEN MADANI	VICE PRESIDENT
MAKSOOD A. PATHAN	SECRETARY

ROUTE 3 BOX 1099
STARKE, FL 32091

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

~~AUGUST~~ day of 16, 19 96.

(An additional article must be added if an effective date is requested.)

	_____ Signature
	_____ Signature
	_____ Signature

Notarization is not required

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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:

AZAD ENTERPRISE INC.

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

MAKSOOD A. PATHAN
(NAME)

368 E. MIMOSA DR.

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

STARKE FL 32091
(CITY/STATE/ZIP)

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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.

M. A. Pathan

(SIGNATURE)

08/16/96

(DATE)

P96000068579

Sandukdin Madani
Requestor's Name

Rt 3 Box 1099
Address

S-lake FL 32091
City/State/Zip Phone #

900002218703--3
--06/20/97--01074--018
*****35.00 *****35.00
Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. AZAD Pipeline Corp. # P96-68579
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input checked="" type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 20 PM 1:39

Dissolution

SF 6/20/97

SF

ARTICLES OF DISSOLUTION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JUN 20 PM 1:39

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: AZAD ENTERPRISE INC.

SECOND: The date dissolution was authorized: August 16, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 20 day of June, 19 97

Signature

[Signature]
(By the Chairman or Vice Chairman of the Board, President, or other officer)

JAMALUDDIN

[Signature]
(Typed or printed name)

MADANI

PRESIDENT

(Title)