# P9600078043

TRANSMITTAL LETTER

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

SUBJECT:	4LLY CON	VYENIENT,	INC		
(	(Propused corporate	namo - must includo su	ff(x) □ -0		142798 118002 ****191.25
Enclosed is an origina	al and one (1) co	py of the articles o	f incorporation	and a_check	
for : \$70.00 Filing Fee	#78.75 Filing Foo & Cortificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate	SECRETARY OF STA ALLAHASSEE, FLOR	FILED
FROM:	RAFA Name	RAFAT ALI 5100104 Name (printed or typed)			maj A Jam
	14530	<u>ST. RID</u> 54 Address	<i>f</i>		Kkan
	ODESS Cit	A , FL . 33 v, State & Zip	556		
		926-0585 Telephone number			
				W-192	,05

KR 9:12

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



**Soptombor 12, 1996** 

RAFAT ALI SIDDIQUI 14530 STATE ROAD 54 ODESSA, FL 33556

SUBJECT: TOTALLY CONVENIENT, INC Ref. Number: W96000019205

We have received your document for TOTALLY CONVENIENT, INC and your check(s) totaling \$131.25. However, the enclosed document has not been filled and is being returned for the following correction(s):

There may be only one registered agent. Please remove one of the two people listed. Also remove that individual's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe Document Specialist

Letter Number: 296A00042442

### ARTICLES OF INCORPORATION

ALLENS SERVICES

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:

TOTALLY CONVENIENT, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

14530 ST. RO 54 ODESSA, FL. 33556

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: TWO THOUSAND (2,000) SHARES OF COMMON STOCK WITH PAR VALUE OF FIFTY CENTS (504): THE CONSIDERATION TO BE PAID FOR EACH SHARE SHALL BE DETERMINED BY THE BOARD OF DIRECTORS.

## ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RAFAT ALI SIDDIQUI 14530 ST. RO. 54 00ESSA, FL. 33556

#### 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):

RAFAT ALI SIDDIQUI 14530 ST. RO. 54 ODESSA, FL. 33556

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 29 day of \_\_\_\_\_(8) AUGUST, 1996 .

Signature

Signature

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 PEGVISIONS 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: <u>TOTALLY CONVENIE</u>	NT, IN	<u>ر</u> .
2.	The name and address of the registered agent and office is:		—
	RAFAT ALI SIDDIQUI	96 SEI SEORE TALLAI	
	/4530 S7. 120. 54 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	19 PH	FILED
	010ESSA FL. 33556	2: 59 STATE LORIDA	

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.

X (SIGNATURE) 8-29-96 (DATE)