

TRANSMITTAL LETTER

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

100001959021
-09/27/96--01044--001
*****70.00 *****70.00

SUBJECT: SHAM CORP.
(Proposed corporate name - must include suffix)

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

FROM: JAMIL ALISSA
Name (printed or typed)

4711 W. WATERS AVE. #1020
Address

TAMPA, FL 33614
City, State & Zip

(813) 884-9239
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 SEP 26 PM 3:14

FILED

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

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:

SHAM CORP.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

6253 NEWBERRY ROAD, F-20
GAINESVILLE, FL 32605

ARTICLE III SHARES

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

30,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA M. FELICITA

4711 W. WATERS AVE. # 1020

TAMPA, FL 33614

(813) 884-9239

FILING FEE: \$70.00

See instructions for officers/directors

I. JAMIL ALISSA
4711 W. WATERS AVE. # 1020
TAMPA, FL 33614

 π

**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: SHAM CORP.

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

MARIA I. FELICITA
(NAME)

4711 W. WATERS AVE. # 1020
(P.O. Box or Mail Drop Box ~~NOT~~ ACCEPTABLE)

TAMPA, FL 33614
(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.

Maria I. Felicita
(SIGNATURE)

9/25/96
(DATE)

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96 SEP 26 PM 3:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

P96000080794

2225 131st AVE. EAST

2207

TAMPA, FL 33612

Office Use Only

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

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

800001396668--0
-11/05/96--01165--009
*****35.00 *****35.00

☐ 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 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

Examiner's Initials

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF

SHAM CORP.

DOCUMENT # P960X080796
(present name)

LETTER # 296A0014749

Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

DEAR MADAM/SIR:

FIRST: THIS LETTER IS TO INFORM YOU THAT MY CORPORATION, "SHAM CORP.",
WOULD LIKE TO CHANGE ITS NAME TO "ISSA CORP."

BASED ON YOUR REQUEST, I ENCLOSED THIS ARTICLE OF AMENDMENT
FOR YOUR REVIEW AND CONSIDERATION.

AGAIN, I WOULD LIKE TO EXPRESS MY INTEREST IN CHANGING MY
COMPANY'S NAME FROM "SHAM CORP." TO "ISSA CORP."

SECOND: I WOULD LIKE TO INFORM YOU THAT THE MAILING ADDRESS OF
MY COMPANY HAS BEEN CHANGED. THE NEW ADDRESS IS:

2225 131st AVE. EAST

2207

TAMPA, FL 33612

PH # (813) 978-8703

SECOND: If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

APPROVED
AND
FILED
5 NOV - 1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THIRD: The date of each amendment's adoption: 11-01-96

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by _____ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 01 day of NOVEMBER, 19 96

Signature _____

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

JAMIL ALISSA

Typed or printed name

PRESIDENT, INC.

Title

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

96 NOV -1 PM 12:20

APPROVED
AND
FILED