TRANSMITTAL LETSEER 22 AN 9-1-7

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

600001942706 -09/10/96--01006--007 *****70.00 *****70.00

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SUBJECT: HOL	-Y LAND	DUTZYLATION onan o onan o	outix)	ار ا	
Enclosed is an original for : \$70.00	and one (1) cop	oy of the articles of	f incorporation		ţ
FROM:	12125 0RLAN Cit 46	R MUHT/ Iprinted or typed) S APOPK Address DD, FL y, State & Zip 7-239-83 Telephone number	A VINELI 32836	AND RO	297 Might

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 10, 1996

HANI R MUHTASEB 12125 S APOPKA VINELAND RD ORLANDO, FL 32836

SUBJECT: HOLY LAND, INC. Ref. Number: W96000018994

We have received your document for HOLY LAND, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The entity name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved entity. Names of administratively dissolved entities are not available for one year from the date of administrative dissolution unless the dissolved entity provides the Department of State with a notarized affidavit executed as required by section 607.0120, 617.01201, 608.5135 or 608.4482 Florida Statutes, permitting the immediate assumption or use of the name by another entity.

Simply adding "of Florida" or "Florida" to the end of a name does not constitute a difference.

When the document is resubmitted, please return a copy of this letter to ensure proper handling.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6915.

Pamela Hall Document Specialist

Letter Number: 096A00042119

SUBSECT! Hayland,

96 OCT 22 MM 9: 47 Ref # W96 0001 8994

ARTICLES OF INCORPARENTION LORIDA Sept. 10- 1991

Tol uni- 239 8330

OF

HOLY LAND INTERNATIONAL

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 1 NAME

The name of the corporation shall be:

HOLY LAND INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

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

12125 S A-POPKA VINELAND ORLANDO, PL 32836

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at

10,000 (TEN THOUSAND) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

12125 S APOPKA VINELAND RD

BRLANDO, PL ,32836

ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of incorpora-

HANI R MUHTASEB 12125 S APOPKA VINELAND R.D ORLANDO, FL 32836

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

4 TH day of SEPTEMBER, 1996.

Signature Signature

> Articles of Incorporation , Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF DESIGNATION OF DESIGNATION OF DESIGNATION OF DESIGNATION OF STATE TALLAHASSEE, FLORIDA OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

. The nar	ne of the corporation is: FIOLY LAND INTERNAT	101
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		-
The nan	ne and address of the registered agent and office ls:	
	HANI R MUHTASEB	
	(Name)	
	12125 S APOPKA VINELAND RD	
	(P.O. Box not acceptable)	
	ORLANDO, PL 32836	
	(City/State/Zip)	
ving bee ove state	n named as registered agent and to accept service of process for the od corporation at the place designated in this certificate, I hereby accept ment as registered agent and agree to act in this capacity. I further agree with the provisions of all statutes relating to the proper and complete performs and I am familiar with and accept the obligations of my position dispense.	
: appoint Comply w enca of m	ment as registered agent and agree to act in Certificate, I hereby accept with the provisions of all statutes relating to the proper and completely	
registere	d agent.	r.
	2.1	