TRANSMITTAL LETTER

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

000002485380--6 -04/10/98--01094--013 ****245.00 ****122.50

SUBJECT:

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TOUMA CORP.

(Proposed corporate name - must include suffix)

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

STO.00 Filing Fee ST8.75 Filing Fee & Certificate Silver Si

S131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM:	SAMER AHWACH		
	Name (Printed or typed)	·. <u> </u>	· ·
	11607 SW 216 STREET		<i></i>
	MTAMI, FL 33170	 	
	Address		

City, State & Zip

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator. for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

TOUMA CORP.

ARTICLE II PRINCIPAL OFFICE

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

513 NW LUCY STREET FLORIDA CITY, FL 33304

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

RAED TOUMA 513 NW LUCY STREET FLORIDA CITY, FL 33304 ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

RAED TOUMA 513 NW LUCY STREET ORIDA CITY, FL 33304

Signature/Incorporator

<u>4-8-98</u> Date

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

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. Thereby 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

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Signature/Registered Agent

Date