

Charter Number Only

P99000033464

VALIDATION ONLY

200002837422--9
-04/13/99--01007--008
*****78.75 *****78.75

Requestor's Name
Address
City State ZIP Phone

[Handwritten signature]

CORPORATION(S) NAME

Montazuddin, Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
99 APR 13 AM 9:52

FILED



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other
- Reinstatement
- Reservation
- Change of Registered Agent
- Certified Copy
- Photo Copies
- Certificate Under Seal
- Call When Ready
- Call If Problem
- After 4:30
- Walk In
- Will Wait
- Pick Up
- Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

[Handwritten signature]

RECEIVED
99 APR 13 AM 9:12
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

MUMTAZUDDIN, INC.

ARTICLE II PRINCIPAL OFFICE

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

4897 NW 183RD ST
MIAMI, FL 33055

ARTICLE III SHARES

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

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

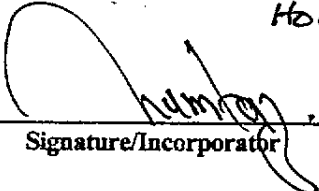
The name and Florida street address of the initial registered agent are:

MUMTAZ UDDIN
1902 FLETCHER ST
HOLLYWOOD, FL 33020

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

MUMTAZ UDDIN
1902 FLETCHER ST
HOLLYWOOD, FL 33020



Signature/Incorporator

04-09-99

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, 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


Signature/Registered Agent

04-09-99

Date

FILED
99 APR 13 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA