

TRANSMITTAL LETTER

P9900004113

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

900002860799--3
-05/03/99--01135--002
*****78.75 *****78.75

Group

SUBJECT:

ALSHAM INC.

(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:

Sam

Name (Printed or typed)

2720 Collins AVE

Address

Miami Beach, FL 33140

City, State & Zip

(305) 532-0083

Daytime Telephone number

FILED
99 MAY -3 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sam GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp. name
DATE 3/6/99
DOC. EXAM BP

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

B. BROCK MAY 6 1999

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:

ALSHAM GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

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

2720 COLLINS AVE
MIAMI BEACH, FL, 33140

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:

SARDE ALBOUTIAM.

2720 COLLINS AVE - MIAMI BEACH. FL-33140

ARTICLE V INCORPORATOR

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

MIRANDA BARAZI

3530 MYSTIC POINTE #2107
AVENTURA FL 33180

Miranda Barazi
Signature/Incorporator

4/21/99
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]
Signature/Registered Agent

4/21/99
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA