TRANSMITTAL LETTER

P99000056972

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

SUBJECT:	SHEEBA & Z	EUS ENTER ate name - must include suf		
		,	00002910: -06/21/990 *****78.75	1108014
Enclosed is an origina	al 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 CO	PY REQUIRED	
FROM:	DONNA 50	CIAN		
	Name (Pr	inted or typed)	Ts s	90
				9
	5365 HIA	TUS RD	CRETA	
	A	ddress		FILED 21 A
	A	3335/ State & Zip		FILED IN 21 M II: 52

Daytime Telephone number



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:

SHEEBA & ZEUS ENTERPRISES, INC.

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

5365 HIATUS ROAD SUNRISE, PC 33351

ARTICLE III SHARES

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

1,000 (ONE THOUSAND)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DONNA JULIAN 11837 NW 32MCT CORAC SPRINGS, PL 35

33065

ARTICLE V INCORPORATOR

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

DOMA SUCIAN 11837 NW 32 MCT

COPAL SPRINGS, FL 33065

Signature/Incorporator

Data

(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

Date