

TRANSMITTAL LETTER

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

SUBJECT: Shabdati Corporation  
(Proposed corporate name - must include suffix)

400002953944--8  
-08/09/99-01071-003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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 of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Neurland Trocher  
Name (Printed or typed)

7916 Venetian Street  
Address

Miramar, Florida 33023  
City, State & Zip

(954) 962-4652  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

99 AUG -9 PM 4:17

FILED

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

**Articles of Incorporation  
Of  
Shabdati Corporation**

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

**1. Name**

*The name of the corporation shall be: Shabdati Corporation.*

**2. Principal Office**

*The principal place of business and mailing address of this corporation shall be: 7916 Venetian Street, Miramar, Florida 33023.*

**3. Shares**

*The number of shares of stock that this corporation is authorized to have outstanding at any time is: 300.*

**4. Initial Registered Agent And Street Address**

*The name and Florida street address of the initial registered agent are: Neurland Trocher, 7916 Venetian Street, Miramar, Florida 33023.*

Having been named as a 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.

*Neurland Trocher*

Signature / Registered Agent

*8/4/99*

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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5. Incorporators

*The names and mailing addresses of the incorporators are:*

*a. Neurland Trocher, 7916 Venetian Street, Miramar,  
Florida 33023.*

*b. Reginald Jeudy, 628 Sea Pine Way, Apt.G1, West Palm  
Beach, Florida 33415.*

*Neurland Trocher*  
\_\_\_\_\_  
Signature / Incorporator

*8/4/99*  
\_\_\_\_\_  
Date

*Reginald Jeudy*  
\_\_\_\_\_  
Signature / Incorporator

*8/4/99*  
\_\_\_\_\_  
Date