TRANSMITTAL LETTER

P99000100022

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

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SUBJECT:	FROM JA (Proposed corpor	TINC.		ς.° 36. 99
Enclosed is an origin	nal and one(1) copy of the articles	-		FILED 99 NOV 12 AM 7: ISECRETARY OF SIE
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status	32 310 AIDA
FROM:	OM AR E	DOWRA nted or typed)		! - ਮੁਸਤਾ ਹਵਾਂ
	544 LAW	IRENCE RI	OAD	
	DELRAY BEACH	H, FLORIDA	33445	
,	561 274- Daytime Tel	ephone number		
				. 1

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

F. CHLESSY

NUV 1 0 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.

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The name of the corporation shall be:

FROMTA, INC

-

39 NOV 12 MM 7:

ARTICLE II PRI

PRINCIPAL OFFICE

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

544 LAWRENCE ROAD DELRAY BEACH FL 33445

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

OMAR BOWRA S44 LAWRENCE ROAD DELRAY BEACH FL 33445

ARTICLE V INCORPORATOR

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

OMAR BONNRA 544 LAWRENCE ROAD DELRAY BEACH FL 33445

Signature/Incorporator

9 / 15 / 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

Date