

PI500000 8730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

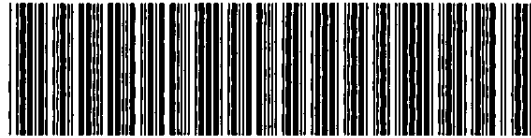
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

WIS0000 1170



100267867711

01/05/15--01014--010 \*\*148.75

15 JAN 26 PM 1:00

RECEIVED  
DIVISION OF REVENUE  
JAN 26 2015

JAN 29 2015

T. SCOTT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2015

MOHAMMED ABDULLA  
7330 SOLANO CT APT 203  
TAMPA, FL 33634

SUBJECT: LAMB SHISH KABAB  
Ref. Number: W15000001170

We have received your document for LAMB SHISH KABAB and your check(s) totaling \$148.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 515A00000317

**COVER LETTER**

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

SUBJECT: LAMB SHISH KABAB *LLC*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mohammed Abdulla  
Name (Printed or typed)

7330 Solano Ct APT 203  
Address

Tampa FL 33634  
City, State & Zip

727-271-1015  
Daytime Telephone number

mohd1920@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: LAMB SHISH KABAB, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

19711A Gulf Blvd  
Indian Rocks FL 33785

Mailing address, if different is:

7330 Solano Ct APT 203  
Indian Rocks FL 33785

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: RESTAURANT

15 JAN 26 PM 1:00  
RECEIVED  
STATE OF FLORIDA  
CORPORATION DIVISION

**ARTICLE IV SHARES** 100

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Mohammed Abdulla Pres</u>	Name and Title:	<u>PRESIDENT</u>
Address	<u>7330 Solano Ct APT 203</u> <u>Tampa FL 33634</u>	Address:	_____

Name and Title:	<u>NOORULHUDA ABBAS</u>	Name and Title:	<u>SEC/TRES</u>
Address	<u>7330 SOLANO CT APT 203</u> <u>TAMPA, FL 33634</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Mohammed M Abdulla  
 Address: 7330 Solano Ct APT 203  
Tampa FL 33634

15 JAN 26 PM 1:00

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mohammed M Abdulla  
 Address: 7330 Solano Ct apt 203  
Tampa FL 33634

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

*Mohammed* Required Signature/Registered Agent 01-2-15 Date  
 \_\_\_\_\_

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

*Mohammed* Required Signature/Incorporator 01-2-15 Date  
 \_\_\_\_\_