# F22100005304

(D \   - \   \						
(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



300391170873

07.00/22--01/13--025 \*\*70.00

1822 - 16 PH 7:20

S. FRANKLIN AUG 2 2 2022

## **COVER LETTER**

	stration Section sion of Corporations				
SUBJECT:	· A DIANIA DD ODCDTW INIU	ESTMENT CO	-poration		
SUBJECT:			must include suffix	<del></del>	
Dear Sir or M	ladam:				
"Certificate o	"Application by Foreign C of Existence," or "Certificat need foreign corporation to	e of Good Standi	ng" and check are subn		
Please return	all correspondence concert	ning this matter to	the following:		
CHANDA DA	ANIS				
		Name of Pe	erson		
EDWARDS &	EDWARDS, P.A.			17	
	•	Firm/Compa	iny	12	
6620 SOUTH	POINT DRIVE S, SUITE 200	)		1	
		Address	3	σ	
JACKSONVII	LLE, FL 32216			Pi	
		City/State and	Zip code	7: 20	
CDANIS@ED	DWARDSEDWARDSLAW.C				
	E-mail addres	ss: (to be used for	future annual report no	otification)	
For further in	formation concerning this i	matter, please cal	1:		
CHANDA DA	NIS	904 at (	222-0829	22-0829	
Nam	e of Person	Area Code	Daytime Teleph	one Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			Registration Se Division of Cor P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	check for the following am neck payable to: FLORIDA D ing Fee	DEPARTMENT Ong Fee & S	OF STATE 878.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy	

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES. THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

5	(FEI number, if applic  (Date of duration, if other than lorida, if prior to registration)  , F.S., to determine penalty liability)	
5	(Date of duration, if other than lorida, if prior to registration)	
(Date first transacted business in Fl E SECTIONS 607.1501 & 607.1502 HERIDAN, WY 82801	lorida, if prior to registration)	perpetual)
(Date first transacted business in Fl E SECTIONS 607.1501 & 607.1502 HERIDAN, WY 82801	lorida, if prior to registration)	perpetual)
E SECTIONS 607.1501 & 607.1502. HERIDAN, WY 82801	lorida, if prior to registration), F.S., to determine penalty liability)	
E SECTIONS 607.1501 & 607.1502. HERIDAN, WY 82801	lorida, if prior to registration) , F.S., to determine penalty liability)	
HERIDAN, WY 82801		
(Principal office s	street address)	
		707
(Current mailing a	ddress, if different)	₹ <b>-</b> -
		76
	Box NOT acceptable)	-D
S & EDWARDS P.A.	<del>-</del>	شت ا
THPOINT DRIVE S. SUITE 200		7: 20
VILLE	— . Florida <sup>32216</sup>	• •
(City)	(Zip code)	
,	Florida registered agent: (P.O. Les & EDWARDS P.A.  THPOINT DRIVE S. SUITE 200  VILLE  (City)  ance:  ered agent and to accept service  the provisions of all statutes rela	THPOINT DRIVE S. SUITE 200  VILLE  (City)  Florida 32216 (Zip code)

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

under the law of which it is incorporated.

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction

A. DIRECTORS			ACADIII AII ZADADI				
□Chairman	Name: HOSHING S ZARABI	□Chairman	Name: ASADULLAH ZARABI				
□Vice Chairman	Address: 30 N GOULD STREET	□ Vice Chairman	Address:				
□Director	STE R	□Director	STE R				
□President	SHERIDAN, WY 82801	<b>■</b> President	SHERIDAN, WY 82801				
Vice President		□ Vice President					
□Secretary	□Treasurer	☐ Secretary	□Treasurer				
Other	Other	□Other	Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	☐ Vice Chairman	Address:				
□Director		□Director					
□President		□President					
□Vice President		□ Vice President					
☐ Secretary	□Treasurer	☐ Secretary	☐ Treasurer				
□Other	Other	□Other	□Other				
□Chairman	Name:	□ Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:				
Director	<del></del>	□Director					
□President		□President					
□ Vice President		☐ Vice President					
□Secretary	□Treasurer	□ Secretary	□Treasurer				
□Other	□ Other	Other	Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.  12. Hosping's carapital 13, 2022 10.46 PD11  Signature of Director or Officer							

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

Hoshing s zarabi

## STATE OF WYOMING Office of the Secretary of State

I, EDWARD A. BUCHANAN, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

### ARIANA PROPERTY INVESTMENT

is a

## **Profit Corporation**

formed or qualified under the laws of Wyoming did on **January 10**, **2019**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2019-000836380**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 30th day of June, 2022 at 3:13 PM. This certificate is assigned ID Number 053580518.

Secretary of State 2

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website https://wyobiz.wyo.gov and following the instructions displayed under Validate Certificate.



Revised 8-12-22

### FLORIDA DEPARTMENT OF STATE Division of Corporations

July 27, 2022

CHANDA DANIS 6620 SOUTHPOINT DRIVE S STE 200 JACKSONVILLE, FL 32216 US

SUBJECT: ARIANA PROPERTY INVESTMENT

Ref. Number: W22000098374

We have received your document for ARIANA PROPERTY INVESTMENT and your check(s) totaling \$70.00. 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 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) 245-6051.

Sharon D Franklin Regulatory Specialist II

Letter Number: 022A00016842

AUG 1 6 2022