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(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
w20-8029

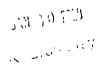




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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

South Asain Groceries, LLC	
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	A
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
_	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Date 11mc	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT: 5	OUTH ASIAN (PROPOSED CORPO	SACCERIES /	NC
	ginal and one (1) copy of the		
	Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM:	PRATIK MODI	me (Printed or typed)	
	480 E BAY		C15
L	ARGO FC	3377) y, State & Zip	
	727 - 678 - Daytime	6690 Telephone number	
	HARSHA. TA-S E-mail address: (to be us	ed for future annual report no	1 lification)

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 IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND OR OUR ECTORS	2480 C	RINCIPAL OFFICE Principal <u>street</u> address Briv BA	Mailing addre	ss, if different is:
The purpose for which the corporation is organized is: How A And Lawrel Tennote ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: TRAY IS MODE AND Address: CERA WAS ICH FL 37763 Name and Title: As Try IN DR Address: CERA WAS ICH Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Address Name and Title: As Try IN DR Address: Address Name and Title: As Try IN DR Address:	LARGO	FL 33771		
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Name and Title: ASAMALKOMAR MAYAM Name and Title: Address 2645 6 13A4 DR. Address: 1877 1 867 LARGO FL 33771 Name and Title: Alshir AJ Rele 5 Name and Title: Address 2329 MCS26 MGCR CRAddress:	Address	2034 Sunser Members Addre	(88)	
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SAILTY HARBOR	Address	LARGO FL 35771		
	Address Name and T	2045 6 BAY DR. Addre BRT. A 807 LARGO FL 35771 itte: RISHIAAJ RELE 5 Name	and Title:	

Name and	Title:	Name and Title:	
Address			
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<u>ARTICLE VI</u> R	EGISTERED AGENT		
The name and Flor	ida street address (P.O. Box NOT acceptable	e) of the registered agent is:	
Name:	PRATISE MODI		
Address:	2480 [BAY DR STE	· C15	
	LARGO FL 33771		
-			
<u>ARTICLE VII IN</u>	CORPORATOR		
The name and add	ess of the Incorporator is:		
Name:			
Address:	PRATIK MODI 2480 E BAY DR S		
	LARGO FL- 33771	<u> </u>	
	- CIRGO FL- 33111		
ARTICLE VIII E	FFFCTIVE DATE.		
Effective date, if oil	er than the date of filing		
filing.)	is listed, the date must be specific and can	not be more than five days prior	r or 90 days after the
Note: If the date in	eried in this blook done may mark to a 12 of	1	
the document's effective	erted in this block does not meet the applicative date on the Department of State's record	ofe statutory filing requirements, the	nis date will not be list
· · · · · · · · · · · · · · · · · · ·	us registered agent to accept service of proces. liar with and accept the appointment as regis.	erea avent and gover to get in dei-	t the place designated
Firm	LA FAGA	gen ma agree to act in mis	,
	Required Signature/Registered Agent		01/27/10.
I submit this docum	and affirm that the facts stated have in	P IFUE Lam aways that the C.C.	Date
document to the Dep.	rtment of State constitutes a third degree feld	ony as provided for in s.817.155, F.	injormation submitte S.
_ Just	In Moch		
Required Signature/[corporator	Date	01/27/201