## POSONO 100 9 2 Marian M

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

> GAVE BY PHONE TO

			*****78.75	*****78.75
Enclosed is an original	nal and one(1) copy of the articles	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status  FEROZE JAIKARAN	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JOSEPH JA Name (Pri	ALKARAN nted or typed)	1	
		IST AUC	<u>,                                     </u>	
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Proposed corporate name - must include suffix)

(Proposed corporate name - must include suffix)

-01/24

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

Daytime Telephone number

13/0

## ARTICLES OF INCORPORATION

The name of the corporation shall be:

ARTICLE I

ARTICLE II

FEROZE JAIKARAN

ARTICLE V

The undersigned incorporator, for the purpose of forming a corporation under the Florida

JER FURNITURE Depot JNC:

6/ It the CORAL SPRINGS FC 33067

Business Corporation Act, hereby adopts the following Articles of Incorporation.

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

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

INITIAL REGISTERED AGENT AND STREET ADDRESS

PRINCIPAL OFFICE

JY29 NW 61St. Ave.

COVAL SPYINGS, 33067

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

The name and address of the incorporator to these Articles of Incorporation are:

INCORPORATOR

FEROZE JAIKARAN AND JOSEPH JAIKARAN

Min	
Signature/Incorporator	Date
( ) <sup>y</sup>	
V	
(An additional article n	nust be added if an effective date is requested.)
	and is requested.)
Having been named as registered agent and to accept	requires of process for the standard I
certificate, i hereby accept the appointment as registe	service of process for the above stated corporation at the place designated in this red 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
inguitions of my position as registered agent	0 1 0 1 0 0 1 0 0 0
- Ollar	man
Signature/Registered Agent	/ Date