

# P00000076670

Florida Department of State  
Division of Corporations  
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## FLORIDA PROFIT CORPORATION OR P.A.

SHIVAJ, INC.

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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**ARTICLES OF INCORPORATION**

**OF**

**SHIVAJ, INC.**

The undersigned Incorporator, a natural person competent to contract, hereby subscribes to and adopts these Articles of Incorporation for the purpose of organizing a corporation under the Florida Business Corporation Act.

**ARTICLE I**

**CORPORATE NAME**

The name of this Corporation shall be:

SHIVAJ, INC.

**ARTICLE II**

**PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of this Corporation is:

4744 Walden Circle #922  
Orlando, FL 32811

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**ARTICLE III**

**NATURE OF CORPORATE BUSINESS**

The general nature of the business to be transacted by this Corporation shall be to engage in any and all lawful business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV**

**CAPITAL STOCK**

The maximum number of shares of stock that this Corporation is authorized to issue and have outstanding at any one time shall be 1,000,000 shares of common stock having no par value.

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## ARTICLE V

### TERM OF EXISTENCE

This Corporation shall have perpetual existence.

## ARTICLE VI

### INITIAL REGISTERED OFFICE AND AGENT

The address of the initial Registered Office of this Corporation is:

4744 Walden Circle #922  
Orlando, FL 32811

The name of the initial Registered Agent of this Corporation at that address is: Pooja Zagda.

## ARTICLE VII

### BOARD OF DIRECTORS

The business of this Corporation shall be managed by its Board of Directors. The initial Board of Directors shall consist of one member. The name and street address of the initial member of the first Board of Directors is:

Pooja Zagda  
4744 Walden Circle #922  
Orlando, FL 32811

The member of the First Board of Directors shall hold office until her successor is elected and qualified as provided in the Bylaws of this Corporation. The number of Directors of this Corporation set forth in these Articles of Incorporation shall be the authorized number of Directors until that number is changed by or in accordance with the Bylaws of this Corporation.

## ARTICLE VIII

### INCORPORATOR

The name of the person signing these Articles of Incorporation as the Incorporator and her street address is:

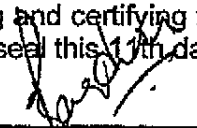
Pooja Zagda  
4744 Walden Circle #922  
Orlando, FL 32811

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**ARTICLE IX****INDEMNIFICATION**

This Corporation shall indemnify and may insure its officers and directors to the fullest extent permitted by law either now or hereafter, including, but not limited to, Section 607.0850 of the Florida Statutes.

IN WITNESS WHEREOF, I, the undersigned, being the Incorporator hereinbefore named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of Florida, have executed these Articles of Incorporation, hereby declaring and certifying that the facts herein stated are true, and hereunto set my hand and seal this 14th day of August, 2000.

  
\_\_\_\_\_  
Pooja Zagda  
4744 Walden Circle #922  
Orlando, FL 32811

**SHIVAJ, INC.**  
**Certificate Of Designation Of**  
**Registered Agent And Registered Office**

Pursuant to the provisions of Section 607.0501 of the Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the Registered Office and Registered Agent of the Corporation in the State of Florida:

1. The name of the Corporation is: SHIVAJ, INC.
2. The name and address of the Registered Agent and Registered Office of the Corporation is: Pooja Zagda, 4744 Walden Circle #922, Orlando, FL 32811.

SHIVAJ, INC.

By: 

\_\_\_\_\_  
Pooja Zagda, Incorporator

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Acceptance By Registered Agent

Having been named the Registered Agent of SHIVAJ, INC. 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, including Florida Statutes Section 607.0505, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated: 08/11/00  
\_\_\_\_\_  
Pooja Zagda, Registered Agent

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