P03000099520

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W03-24910

BM 9/11

TRANSMITTAL LETTER

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

SUBJECT: LAXMI, INC.
(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	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: PANKAJ PATEL
Name (Printed or typed)

905 WHISPERING CIRCLE 4
Address

ST. AUGUSTINE, FL 32084
City, State & Zip

904-819-0602
Daytime Telephone number

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

PANKAJ PATEL
PH # 904 - 819 - 0602
CELL # 904 - 501 - 3506

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

September 2, 2003

PANKAJ PATEL
905 WHISPERING CIRCLE 4
ST. AUGUSTINE, FL 32084

SUBJECT: LAXMI, INC.
Ref. Number: W03000024910

We have received your document for LAXMI, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the 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) 245-6931.

Becky McKnight
Document Specialist
New Filings Section

Letter Number: 303A00048954

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:

LAKSHMI OF ST. AUGUSTINE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
905 WHISPERING CIRCLE 4
ST. AUGUSTINE, FL 32084

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:
1000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

PRESIDENT: PANKAJ PATEL
905 WHISPERING CIR 4
ST. AUGUSTINE, FL 32084

VICE PRES: KAMLESH PATEL
10823 N. WAHINE DR
JACKSONVILLE, FL 32246

TREASURER: PRASHANT PATEL
70 IRVING AVE
LIVINGSTON, NJ 07039

SECRETARY: PRAVIN PATEL
1845 OLD MOULTRIE RD APT 10
ST. AUGUSTINE, FL 32086

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

PANKAJ PATEL
905 WHISPERING CIR 4
ST. AUGUSTINE, FL 32084

ARTICLE VII INCORPORATOR

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

PANKAJ PATEL
905 WHISPERING CIR 4
ST. AUGUSTINE, FL 32084

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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

Pankaj Patel — 8/25/03
Signature/Registered Agent — Date

Pankaj Patel — 8/25/03
Signature/Incorporator — Date