

P03000106663

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

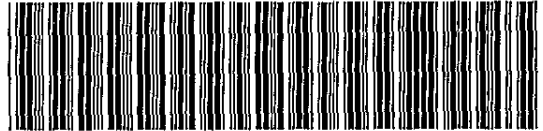
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/29/03--01082--015 **78.75

FILED
03 SEP 29 AM 2:13
STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 SEP 29 PM 1:34
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- Allied Research International, Inc.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

TRANSMITTAL LETTER

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

SUBJECT: Allied Research International, 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: Robert J. Friedman, Esq.

Name (Printed or typed)

1150 E. Hallandale Beach Blvd.

Address

Hallandale, FL 33009

City, State & Zip

(954) 458-4651

Daytime Telephone number

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 I NAME

The name of the corporation shall be:

Allied Research International, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4520 Dixie Road
Mississauga, Ontario, Can. L4W 1N2

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is:

600 shares of no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Arati Patel, Pres & Dir.
Dr. Piyush Patel, Secy-Treas & Dir
4520 Dixie Rd.
Mississauga, Ontario, Can L4W 1N2

ARTICLE VI REGISTERED AGENT

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

Robert J. Friedman
1150 E. Hallandale Beach Blvd.
Hallandale, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert J. Friedman
1150 E. Hallandale Beach Blvd.
Hallandale, FL 33009

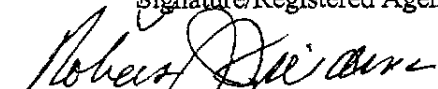
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

Sept. 25, 2003

Date



Signature/Incorporator

Sept. 25, 2003

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA