

P04000124564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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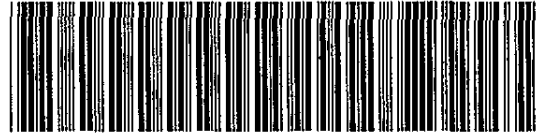
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gy 8/30

TRANSMITTAL LETTER

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

SUBJECT: SUNISHA DESIGNS, 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: MANISHA JOSHI
Name (Printed or typed)

12690 ARROWLEAF LANE
Address

JACKSONVILLE, FLORIDA 32225
City, State & Zip

904-708-2656
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:

SUNISHA DESIGNS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

12690 ARROWLEAF LANE, JACKSONVILLE, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A FOR-PROFIT BUSINESS THAT SELLS HAND-MADE CLOTH ARTICLES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MANISHA JOSHI, PRESIDENT, 12690 ARROWLEAF LN., JAX, FL. 32225

SUNIL JOSHI, VICE-PRESIDENT, " " " " " "

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MANISHA JOSHI

12690 ARROWLEAF LANE, JAX, FL. 32225

ARTICLE VII INCORPORATOR

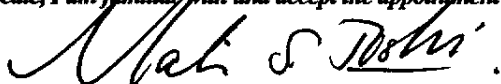
The name and address of the Incorporator is:

NIKHIL N. JOSHI

10439 LUCAYA DRIVE

TAMPA, FLORIDA 33647

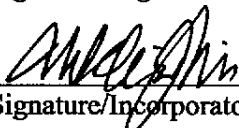
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

8/23/04

Date



Signature/Incorporator

8/23/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA