

PO4000/39898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

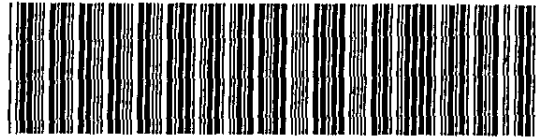
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400041163034

09/24/04--01021--015 **78.75

04 OCT -6 PM 4:10

✓ 10/8/04

TRANSMITTAL LETTER

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

SUBJECT: NEEL CORPORATION, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

Check # 311
Bank of America

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DILIP A. PATEL

Name (Printed or typed)

7514 HOGON ROAD, APT # 506

Address

JACKSONVILLE, FL 32216

City, State & Zip

904-725-1293

Daytime Telephone number

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

check # 311
Bank of America



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 24, 2004

DILIP A. PATEL
7514 HOGON ROAD, APT #506
JACKSONVILLE, FL 32216

SUBJECT: NEEL CORPORATION, INC
Ref. Number: W04000035529

We have received your document for NEEL CORPORATION, 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.

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) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 904A00056324

DEAR Ms. VALERIE,

PLEASE MAKE NOTE OF THAT WE WANTED TO
CHANGE OF NAME TO THE "NEELAP CORPORATION, INC."
AS PER THIS LETTER, SO PLEASE MAKE CHANGES.
THANK YOU, IF YOU HAVE QUESTION PLEASE CONTACT US.

THANK YOU

Dilip Patel

"NEELAP"

04 OCT -6 PM 4:33

RECEIVED

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:

NEELAP CORPORATION, INC.

04 OCT -6 PM 4:40

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

SUNRISE FOOD MART
4354 BLANDING BLVD
JACSONVILLE, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DBA SUNRISE FOOD MART

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ASHABEN PATEL, 7514 HOGAN ROAD, #506, JACKSONVILLE, FL 32216. PRESIDENT, TREASURER
DILIP A. PATEL 331 LAURINA STREET # 638, JACKSONVILLE, FL 32216 VICE PRESIDENT, SECRETARY

ARTICLE VI REGISTERED AGENT

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

DILIP PATEL, 331 LAURINA STREET, #638, JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ASHABEN PATEL
7514 HOGAN ROAD, # 506
JACKSONVILLE, FL 32216


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

9-20-04

Date



Signature/Incorporator

9-20-04

Date

Chet # 311