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TRANSMITTAL LETTER

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

SUBJECT: SahaVest Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

ST0.00 Filing Fee

\$78.75Filing Fee& Certificate of Status

2 \$78.75 Filing Fee	\$87.50
& Certified Copy	Filing Fee, Certified Copy
a continue copy	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM: SahaVest Inc	- ,		
Name (Printed or typed)	-	S	
7200, International Drive	-		_
Address	c F	- 7	
) · .		B
Orlando FL 32819	1.1.1	5	
Ĉity, State & Zip		07 07	
407 351 1200			

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:

SahaVest Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7200, International Drive Orlando FL 32819

ARTICLE III ___ PURPOSE

The purpose for which the corporation is organized is: Manage, Operate and Sell Real Estate and Hotels and business.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Syad Hashami President.

Salim Panirwala Secretary.

ARTICLE VI REGISTERED AGENT

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

Syad Hashami 7200 International Drive Orlando FL 32819

ARTICLE VII __ INCORPORATOR

The name and address of the Incorporator is:

Syad Hashami 7200 International Drive Orlando FL 32819

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

Signature/Registered Agent

: nAn

Signature/Incorporator

 $\frac{2-5-05}{\text{Date}}$

FILED

c n

Date