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PICK-UP		MAIL
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## TRANSMITTAL LETTER

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

SUBJECT:	AJODHIA VENI (PROPOSED CORPORA)	OING CORP.	UDE SUFFIX)	_
Enclosed are an or	iginal and one (1) copy of the artic	eles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED	
FROM: _	LYONIEL AJODHIA	Printed or typed)		
	24538 VoHeRRA Ct	.ddress		05 ,89
	Lute FL. 3355° City.	1 State & Zip		05 JW 13 PH
	813 - 948 · 8844 Daytime To	elephone number		1:35

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: A JODHIA VENDING CORP.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is: 24538 Voltorea Ct  Lutz fl 33759	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Vending Business	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): LYON'EL AJODHIA 24538 Voltice a Lt Lufz fl 33859 DWNER	OS JUNE 13 FM II:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent  Lyoniec AJONHA  245 38 Voltarea et entz fl 33559	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  LYONIEC AJODHIA  24538 WIFERRA CA  Cutz FC 33559  *********************************	******************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capaci	ity
	Date

Signature/incorporator

6/11/65 Date