

PO60000025995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

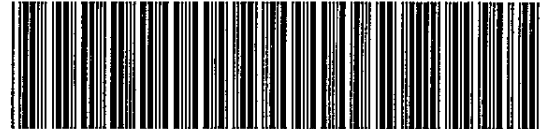
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 FEB 20 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Hampton FEB 21 2006

## COVER LETTER

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

SUBJECT: MANJI REALTY 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: JALALUDDIN F. MANJI

Name (Printed or typed)

869 CYNTHIANNA CIRCLE

Address

ALTAMONTE SPRINGS, FLORIDA 32701

City, State & Zip

407-739-7864

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:

MANJI REALTY INC.,

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

869 CYNTHIANNA CIRCLE  
ALTAMO(NTE SPRINGS, FLORIDA 32701

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REAL ESTATE BROKER

### **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):

JALALUDDIN F. MANJI President & Secretary

### **ARTICLE VI REGISTERED AGENT**

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

YASMIN J. MANJI  
869 CYNTHIANNA CIRCLE  
ALTAMONTE SPRINGS, FLORIDA 32701

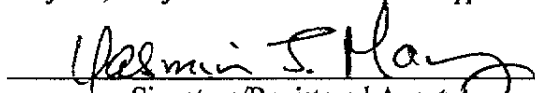
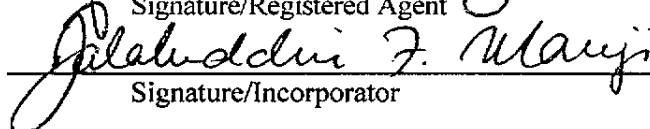
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JALALUDDIN F. MANJI  
869 CYNTHIANNA CIRCLE,  
ALTAMONTE SPRINGS, FLORIDA 32701

\*\*\*\*\*

*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 famillar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent  
  
\_\_\_\_\_  
Signature/Incorporator

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2006 FEB 20 PM 4: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-15-2006

Date

2/15/06

Date