

P07000004723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

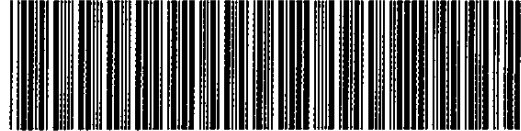
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500083584395

01/10/07--01029--020 **78.75

FILED
07 JAN 10 AM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: JAMAICA JUNCTION FL 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: SUDA KARTHA CPA

Name (Printed or typed)

5901 CASTOR AVENUE

Address

PHILADELPHIA, PA 19149

City, State & Zip

215-831-1095

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)

FILED

07 JAN 10 AM 2:36

ARTICLE I NAME

The name of the corporation shall be:

JAMAICA JUNCTION FL INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1029 W UNIVERSITY AVE
GAINSVILLE, FL 32601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAJIV CHAUHAN 241 OLD POST RD EDISON, NJ 08817 PRESIDENT

ARTICLE VI REGISTERED AGENT

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

RAJIV CHAUHAN C/O JAMAICA JUNCTION FL INC.
1029 W UNIVERSITY AVE
GAINESVILLE, FL 32601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAJIV CHAUHAN
241 OLD POST RD
EDISON, NJ 08817

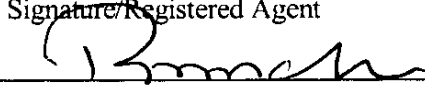
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/3/2007

Date



Signature/Incorporator

1/3/2007

Date