# P07000018930

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MRDIZ

# **COVER LETTER**

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

SUBJECT: RAK	HYANI INSURANCE GF	ROUP P.A.		
	(PROPOSED CORPORA	TE NAME ~ <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an ori	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:	
\$70,00	<b>√</b> \$78.75	} □ \$78.75	☐ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of	
		A DDITTONAL CO	Status	
ADDITIONAL COPY REQUIR				
EROM: A	MEET PUNWANI			
rkow	Name (Printed or typed)			
ONE TAMPA CITY CENTER SUITE 2505				
	A	Address		
	TAMPA FL 33602	C 0 77		
	City,	State & Zip		
	813-486-0095			
		elephone 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:

RAKHYANI INSURANCE GROUP P.A.



07 FEB -9 PM 3: 28

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19419 MORDEN BLUSH DR LUTZ FL 33558

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**INSURANCE SALES AND SERVICES** 

### 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):

RAM RAKHYANI- 19419 MORDEN BLUSH DR, LUTZ FL 33558 (PRESIDENT)
CAROLINE RAKHYANI- 19419 MORDEN BLUSH DR, LUTZ FL 33558 ( SECRETARY TREASURE)

### ARTICLE VI REGISTERED AGENT

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

AMEET PUNWANI

ONE TAMPA CITY CENTER, SUITE 2505, TAMPA, FL 33602

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

AMEET PUNWANI

ONE TAMPA CITY CENTER, SUITE 2505, TAMPA FL 33602