

P08000025117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

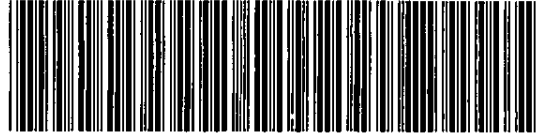
(Business Entity Name)

(Document Number)

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

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Office Use Only



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08 FEB 25 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Handwritten signature and date 02/25/08



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 26, 2008

LAYKRAM MOHAN  
419 LARGO VISTA DRIVE  
OAKLAND, FL 34787

SUBJECT: STATEWIDE DEVELOPERS INC  
Ref. Number: W08000010030

We have received your document for STATEWIDE DEVELOPERS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II  
New Filing Section

Letter Number: 308A00011900

## COVER LETTER

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

SUBJECT: STATEWIDE DEVELOPERS, 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: LAYKRAM MORAN  
Name (Printed or typed)

419 LARGOVISTA DRIVE  
Address

OAKLAND FL 34787  
City, State & Zip

407-414-7449  
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:

STATEWIDE DEVELOPERS INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

419 LARGOUISTA DRIVE  
OAKLAND, FL 34787

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DEVELOPING AND CONSTRUCTION  
OF REALESTATE

## ARTICLE IV SHARES

The number of shares of stock is: 200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LAYKRAM MOHAN  
419 LARGOUISTA DRIVE  
OAKLAND FL 34787  
PRESIDENT

FILED  
08 FEB 25 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**  
08 FEB 25 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

LAYKRAM MOHAN  
419 LARGOVISTA DRIVE  
OAKLAND FL 34787

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

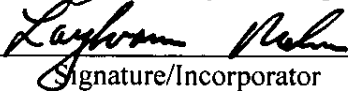
LAYKRAM MOHAN  
419 LARGOVISTA DRIVE  
OAKLAND FL 34787

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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



\_\_\_\_\_  
Signature/Incorporator

03-03-08

\_\_\_\_\_  
Date

02-21-2008

\_\_\_\_\_  
Date