

P09000086140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

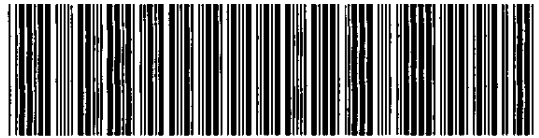
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10-20-09

COVER LETTER

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

SUBJECT: ARKS FASHION 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: RAHIM RUFANI
Name (Printed or typed)
115 CENTENNIAL DR
Address
PEACHTREE CITY GA 30269
City, State & Zip
803-447-3329
Daytime Telephone number
SHAHMIR BOGHAWI @ Yahoo.com
E-mail address: (to be used for future annual report notification)

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:

ARKS FASHION FL INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

DIAMOND DISTRICT
2258 K UNIVERSITY MALL
TAMPA FL 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT - RETAIL SALES OF FASHION CLOTHING

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAHIM RUPANI 115 Centerville DR Peachtree city GA 30261
SOHAIL BOGANI 251 Independence Lane Peachtree city GA 30268

ARTICLE VI REGISTERED AGENT

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

SOHAIL BOGANI
2258 K UNIVERSITY MALL
TAMPA FL 33612

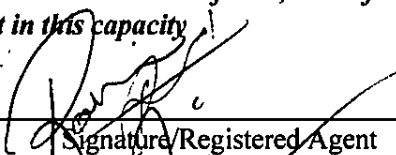
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SOHAIL BOGANI
2258 K UNIVERSITY MALL
TAMPA FL 33612

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

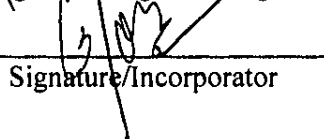
X


Signature/Registered Agent

10-6-09

Date

X


Signature/Incorporator

10-6-09

Date

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CLERK OF COURT
HILLSBORO COUNTY, FLORIDA