

P10000028668

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

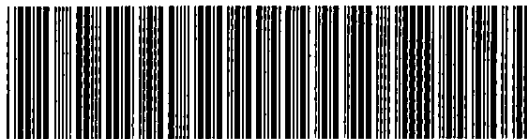
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W09152

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2010 MAR 31 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6 Bunch APR 1 2012

COVER LETTER

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

SUBJECT: AKBARI 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: Abdul Rashid
Name (Printed or typed)

5045 Sancerre Circle
Address

Lake Worth, FL 33463
City, State & Zip

561-909-7907
Daytime Telephone number

ameo3486@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 MAR 31 PM 12:07

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

February 23, 2010

ABDUL RASHID
5045 SABCERRE CIRCLE
LAKE WORTH, FL 33463

SUBJECT: AKBARI INC
Ref. Number: W10000009152

We have received your document for AKBARI INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.)

You must list at least one incorporator with a complete business street address.

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 810A00004477

FILED

2010 MAR 31 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Akbari Inc.

ARTICLE II PRINCIPAL OFFICE

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

5045 Sancerre Circle
Lake Worth, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For business purposes/Restaurant.

ARTICLE IV SHARES

The number of shares of stock is: ~~1000~~ 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Abdul Rashid
5045 Sancerre Circle
Lake Worth, FL 33463

Assistant Director: Akbari Rashid
5045 Sancerre Circle
Lake Worth, FL 33463

ARTICLE VI REGISTERED AGENT

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

~~Self~~ : Self-registered.

ABDUL RASHID
5045 SANCERRRE. CIR
LAKE WORTH FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ABDUL RASHID
5045 SANCERRRE. CIR
LAKE WORTH FL 33463

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

ABDUL RASHID Rashid
Signature/Registered Agent

2-15-10
Date

ABDUL RASHID Rashid
Signature/Incorporator

2-15-10
Date