

P10000028952

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☐ WAIT

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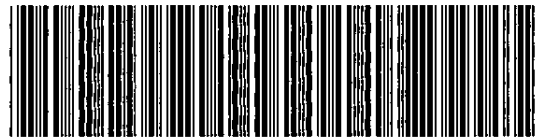
\_\_\_\_\_  
(Business Entity Name)

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**Burton & Company, P.A.**

**Certified Public Accountants**

10 APR 15 PM 4:15

April 11, 2010

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Sumant Enterprises, Inc  
Articles Document Number P10000028952

Dear Sir or Madam:

Our client, Sumant Enterprises Inc, has asked us to correspond with you directly to correct an inadvertent error to their mailing address when filed online on 04/02/2010. A copy of the filed document and Form DR-835, POA, are enclosed for your convenience.

The correct mailing address for our client is as follows; correction emphasized:

8401 N. W. 17 Street  
IBC Inc. **Dept. 43-2515**  
Doral, FL 33126

We, and our client, are sorry for this error and we would appreciate it very much if you would make this correction. Thank you, in advance, for your kind assistance.

Sincerely,

Jerry L Hughes  
Staff Accountant

enclosures: as mentioned

cc: Sumant Enterprises Inc  
8401 N. W. 17 Street  
IBC Inc. Dept. 43-2515  
Doral, FL 33126

file

4310 Sheridan St. ♦ Suite 202 ♦ Hollywood, FL 33021 ♦ (954) 961-1040 ♦ (305) 653-1040 ♦ Fax: (954) 964-5309

American Institute of Certified Public Accountants ♦ Florida Institute of Certified Public Accountants

Document in 04/11/2010 FL DOS mail address change in FileCabinet CS

**Electronic Articles of Incorporation  
For**

P10000028952  
FILED  
April 02, 2010  
Sec. Of State  
tburch

SUMANT ENTERPRISES, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

**Article I**

The name of the corporation is:

SUMANT ENTERPRISES, INC.

**Article II**

The principal place of business address:

864 N. W. 170 TERRRACE  
PEMBROKE PINES, FL. US 33028

The mailing address of the corporation is:

8401 N. W. 17 STREET  
IBC INC. DEPT. 43-0278  
DORAL, FL. US 33126

← error S/B 43-2515

**Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The number of shares the corporation is authorized to issue is:

1000

**Article V**

The name and Florida street address of the registered agent is:

BURTON & CO., P.A., C.P.A.'S  
4310 SHERIDAN STREET  
202  
HOLLYWOOD, FL. 33021

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: ANDRE S. BURTON, CPA

P10000028952  
FILED  
April 02, 2010  
Sec. Of State  
tburch

### **Article VI**

The name and address of the incorporator is:

DEREK POORAN  
864 N. W. 170 TERRACE

PEMBROKE PINES, FL 33028

Incorporator Signature: DEREK POORAN, PRESIDENT

### **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PS  
DEREK POORAN  
864 N. W. 170 TERRACE  
PEMBROKE PINES, FL. 33028 US

Title: VP  
SEAN BAKSH  
864 N. W. 170 TERRACE  
PEMBROKE PINES, FL. 33028 US

### **Article VIII**

The effective date for this corporation shall be:

04/02/2010



Florida Department of Revenue  
POWER OF ATTORNEY  
and Declaration of Representative

DR-835  
R. 06/08

Rule 12-8.0015  
Florida Administrative Code  
Effective 01/09

See Instructions for additional information.

**PART I. POWER OF ATTORNEY**

Section 1. Taxpayer Information. Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8.

Sumant Enterprises, Inc. 8401 N.W. 17th St. IBC Inc. Dept 43-2515 Doral, FL 33126	Federal ID no(s). (SSN, FEIN, etc.) 27-2258704	Florida Tax Registration Number(s) (Business Part. No., Sales Tax No., L.T. Adm. No., etc.)
	Contact person Derek Pooran	Telephone number 868 222-2607 Fax number ( )

The Taxpayer(s) hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

Section 2. Representative(s). Each representative must be listed individually, and must sign and date this form on Page 2, Part II.

Name and address (include name of firm if applicable) Andre S. Burton, CPA 4310 Sheridan Street, Suite 202 Hollywood, FL 33021	Telephone number (954) 961-1040 Fax number (954) 964-5309 Cell phone number ( )
Name and address (include name of firm if applicable) Jerry L. Hughes 4310 Sheridan Street, Suite 202 Hollywood, FL 33021	Telephone number (954) 961-1040 Fax number (954) 964-5309 Cell phone number ( )
Name and address (include name of firm if applicable)	Telephone number ( ) Fax number ( ) Cell phone number ( )

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

Section 3. Tax Matters. Do not complete this section if completing Section 4.

Type of Tax (Corporate, Sales, Unemployment, etc.)	Year(s) / Period(s)	Tax Matter(s) (Tax Audits, Protests, Refunds, etc.)
Entity, Articles of Incorporation	2010	
Income Tax, F-1120; DR1 Sales Tax	2010	

Section 4. To Appoint an Unemployment Tax Agent Only. Do not complete Sections 3 and 6 if completing Section 4.

By completing this section, an employer (taxpayer) appoints a representative to act as its Florida unemployment tax agent before the Florida Department of Revenue on a continuing basis and to receive confidential information with respect to mailings, filings, and other tax matters related to the Florida unemployment compensation law. All other sections of this form (except Sections 3 and 6) must also be completed. Do not complete Section 4 unless you wish to appoint an unemployment tax agent on a continuing basis.

Agent name	Agent number (required)
Firm name	Federal I.D. No. (required)
Address (if different from above)	Telephone number ( )

Mail Type: See Instructions for explanations. Check one box only. ☐ 1 (Primary) ☐ 2 (Reporting) ☐ 3 (Rate) ☐ 4 (Claim)

Section 5. Acts Authorized.

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in Section 3 and Section 4 (for example, the authority to sign any agreements, consents, or other documents). Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of delinquencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. This authority does not include the power to endorse or cash warrants, or the power to sign certain returns.

If you want to authorize a representative named in Section 2 to receive (but not to endorse or cash) refund warrants, write the name of the representative on this line and check the box ☐

List any specific limitations or deletions to the acts otherwise authorized in this Power of Attorney.



Florida Tax Registration Number:  
Taxpayer Name(s): Sumant Enterprises, Inc. Federal Identification Number: 27-2258704

- Taxpayer(s) must complete Page 1 of this Power of Attorney or it will not be processed.

**Section 6. Notices and Communication.** Do not complete Section 6 if completing Section 4.

- Notices and other written communications will be sent to the first representative listed in Part I, Section 2, unless the taxpayer selects one of the options below. Receipt by either the representative or the taxpayer will be considered receipt by both.

- a. If you want notices and communications sent to both you and your representative, check this box ☒   
b. If you want notices or communications sent to you and not your representative, check this box ☐

Certain computer-generated notices and other written communications cannot be issued in duplicate due to current system constraints. Therefore, we will send these communications to only one taxpayer at his or her tax registration address.

**Section 7. Retention / Nonrevocation of Prior Power(s) of Attorney.**

The filing of this Power of Attorney will not revoke earlier Power(s) of Attorney on file with the Florida Department of Revenue, even for the same tax matters and years or periods covered by this document. If you want to revoke a prior Power of

Attorney, check this box ☐   
You must attach a copy of any Power of Attorney you wish to revoke.

**Section 8. Signature of Taxpayer(s).**

If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, member/managing member, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer.

Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

<u>X</u> <u>Derek Pooran</u> <u>Signature</u>	<u>X 10-April-2010</u> <u>Date</u>	<u>President</u> <u>Title (if applicable)</u>
<u>Derek Pooran</u> <u>Print name</u>		
<u>Signature</u>	<u>Date</u>	<u>Title (if applicable)</u>
<u>Print name</u>		

**PART II - DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Department of Revenue, including Rules 12-5.006 and 28-108.107 of the Florida Administrative Code, as amended.
- I am familiar with the law and facts related to this matter and am qualified to represent the taxpayer(s) in this matter.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive and inspect confidential taxpayer information.
- I am one of the following:
  - a. Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent - enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
  - d. Former Department of Revenue Employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
  - e. Unemployment Tax Agent authorized in Section 4 of this form.
  - f. Other Qualified Representative.
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will not be processed.

Designation - Insert Letter from above (a - f)	Jurisdiction (State and Employment Card No. (if any))	Signature	Date
<u>b</u>	<u>FL</u>	<u>[Signature]</u>	<u>4/10/10</u>
<u>f</u>	<u>FL</u>	<u>[Signature]</u>	<u>04/10/2010</u>