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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

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DP 4/21/18



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 1, 2010

HEMA K. PATEL 5838 N.W. 45TH DRIVE GAINESVILLE, FL 32653

SUBJECT: OM OF GVILLE INC. Ref. Number: W10000016173

We have received your document for OM OF GVILLE INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6062.

Eula Peterson Regulatory Specialist II New Filing Section

Letter Number: 910A00008031

APR 21 PH 3: 3:

... MATE DAY

COVER LETTER

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

| SUBJECT: $()/?()/()/()/()/()$ | LLE INC. |
|---|---|
| (PROPOSED CORPORA | ATE NAME – <u>MUST INCLUDE SUFFIX</u>) |
| | |
| Enclosed are an original and one (1) copy of the art | ticles of incorporation and a check for: |
| Filing Fee \$78.75 Filing Fee & Certificate of Status | \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| I IXOIVI. | K. PATEL De (Printed or typed) |
| 5838 N.W.4 | 5 TH DRIVE |
| GAINESVILLE City | F L 32653 , State & Zip |
| (35°2) - 338- Daytime | 1198 Telephone number |
| Hemak Patel & E-mail address: (to be use | Gmail (com) ed for future annual report notification) |

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

| ARTICLE I NAME The manus of the commention shall be | 700 70 |
|---|--|
| The name of the corporation shall be: | |
| OM OF GVILLE INC | . PS-55- |
| ARTICLE II PRINCIPAL OFFICE | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |
| The principal <u>street</u> address and mailing address, if different is: 809 H. MAIN ST., GAINES | VILLE, FL, 326 F |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | |
| RETAIL CONVENIENC | . 510K & |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR | <u>s</u> |
| List name(s), address(es) and specific title(s): | |
| HEMA, K. PATEL PRESIDENT | |
| SACHIN, K. PATEL Secretary | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of | f the registered agent is: |
| HEMA.K. PATEL | |
| 5838 N.W. 45 TH DRIVE, GAIN | TESVILLE, FL 32653 |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: HEMA. K. | POSTEL |
| Lees Osporne 5838 N.W | 45 TH DRIVE, GAINESVILLE, F |
| 4776 Hodges Boulevary, switt | 206 |
| All soy ditte | ********** |
| Having been named as registered agent to accept service of proces | ss for the above stated corporation at the |
| place designated in this certificate, I am familiar with and accept | |
| agree to act in this capacity | |
| Hemak Patel (HEMA.K.PATEL |) 3-16-10 |
| MOMO V WISHOL () 1 / 12 / 12 / 12 / 12 / 12 / 12 / 12 | / |
| Signature/Registered Agent | Date |
| Signature/Registered Agent Henak Patel | $\frac{3-16-10}{\text{Date}}$ |