

P110000001540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

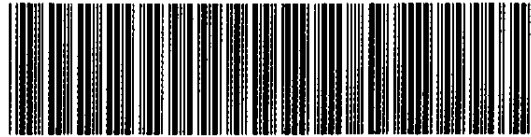
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000189147130

01/05/11--01017--016 \*\*78.75

FILED  
11 JAN -5 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
1/6/11

## COVER LETTER

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

SUBJECT: Dinouli Corporation

(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: Hradyendra Om Sharma

Name (Printed or typed)

1994 Placid Lakes Blvd.

Address

Lake Placid, FL 33852

City, State & Zip

754-422-8486

Daytime Telephone number

hosharma@hotmail.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)

FILED

11 JAN -5 PM 4: 32

**ARTICLE I NAME**

The name of the corporation shall be: Dinouli Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1994 Placid Lakes Blvd.  
Lake Placid, FL 33852

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The Corporation is organized for the purpose of engaging in any or business permitted under the law of United States and State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 share of common stock with par of \$10.00 for each share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Hradvyendra Om Sharma (PD)	Name and Title: _____
Address: 1994 Placid lakes Blvd	Address: _____
Lake Placid FL 33852	_____

Name and Title: Brahm Om Sharma (PD)	Name and Title: _____
Address: 1994 Placid lakes Blvd	Address: _____
Lake Placid FL 33852	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

**ARTICLE VI REGISTERED AGENT**

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

Name: Hradvyendra Om Sharma (PD)  
Address: 1994 Placid lakes Blvd  
Lake Placid FL 33852

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Hradvyendra Om Sharma (PD)  
Address: 1994 Placid lakes Blvd  
Lake Placid FL 33852

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

Required Signature/Registered Agent

01/03/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

01/03/2011

Date