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MRD 1/12/11

## **COVER LETTER**

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

SUBJECT: HR & Patel, Inc.	
(PROPOSED CORPORA	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Dilip Patel	e (Printed or typed)
4005 Fishermans Cove	Ct Address
Lutz, FL 33558	Additss
City,	, State & Zip
813-503-6718  Daytime T	Telephone number
dpatel58@hotmail.com E-mail address: (to be use	ed for future annual report notification)

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

## HR & Patel, Inc. Dilip Patel, President 4005 Fishermans Cove Ct Lutz, FL 33558

11 JAN 10 PN 12: 40
SECRETARY UF STATE
TALLAHASSEF FLORIDA

January 4, 2011

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document #: P98000093390

HR & Patel, Inc.

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of of the corporation, HR & Patel, Inc., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached via phone at 813-870-0060.

Sincerely,

Dilip Patel, President

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE		
·	Principal street address	Mailing ad	dress, if different is:
2	412 Land O Lakes Blvd		
L	and O Lakes, FL 34639		
ARTICLE III	PURPOSE		
	nich the corporation is organized is:		
Any and all la	wful business.		至
			SECULETY SEE STATE
			5 T
	SHARES		2 P
The number of shar	es of stock is: 1000		N 10 1
	INITIAL OFFICERS AND/OR DIREC		
Name and Ti	tle:Dilip Patel. President	Name and Title:	<u> </u>
Address:	4005 Fishermans Cove Ct		***
Lutz, FL 33558	Lutz, FL 33558		
	ile;	Name and Title:	
Address:			
		<del></del>	
Name and Ti	· ·	Nome and Title	_
Address:	lle:		
Address.		/Youress.	
		<del></del>	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
Name:	Dilip Patel		
Address:	4005 Fishermans Cove Ct		
	Lutz, FL 33558		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Ron Porat		
Address:	6702 N Gunlock Ave	<del></del>	
	Tampa, FL 33614	<del></del>	
Having been name	d as registered agent to accept service of p	rocess for the above stated corpo	ration at the place designated in
	n familiar with and accept the appointment o		
11/	<b>5</b>		11
they all			1/5///
y	Required Signature/Registered Agen	t	/ /Date
I submit this docu	ment and affirm that the facts stated herei	n are true. I am aware that the s	false information submitted in a
	partment of State constitutes a third degree		