

P11 0000004887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

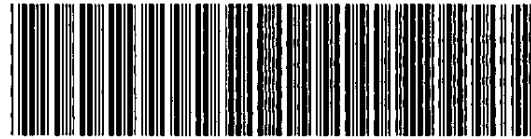
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/12/11--01006--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 12 PM 3:47

APPROVAL
FILED

17/1

COVER LETTER

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

SUBJECT: Heera Moti 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: Lakhvinder K Soni

Name (Printed or typed)

7301 Peppertree Circle South

Address

Davie, FL 33314

City, State & Zip

954-458-5000

Daytime Telephone number

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)

ARTICLE
FILED

71 JAN 12 PM 3:48

ARTICLE I NAME Heera Moti Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
7301 Peppertree Circle South
Davie, FL 33314

Mailing address, if different from principal office address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
The corporation may engage in any activity of business permitted under the laws of the United States of America and the State of Florida. This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE IV SHARES

The number of shares of stock is: One Hundred (100) of common stock, having a par value of \$1.00 per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|---|-----------------------|
| Name and Title: Lakhvinder K Soni, Director | Name and Title: _____ |
| Address: 7301 Peppertree Circle south | Address: _____ |
| Davie, FL 33314 | _____ |

| | |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |

| | |
|-----------------------|-----------------------|
| 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: Lakhvinder K Soni
Address: 7301 Peppertree Circle South
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lakhvinder K Soni
Address: 7301 Peppertree Circle South
Davie, FL 33314

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

Lakhvinder K Soni
Required Signature/Registered Agent

1.10.11.
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.

Lakhvinder K Soni
Required Signature/Incorporator

1.10.11.
Date