

P110000000000074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

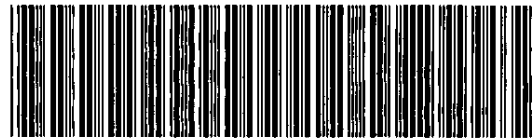
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/18/11--01065--009 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 JAN 18 PM 4:13

for 1/19/11

COVER LETTER

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

SUBJECT: JAY GHAHARI 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: **JACOB GHAAHARI**

Name (Printed or typed)

5347 PLANTATION HOME WAY

Address

PORT ORANGE, FL 32128

City, State & Zip

386-843-0225

Daytime Telephone number

bohoc5@hotmail.com

E-mail address: (to be used for future annual report notification)

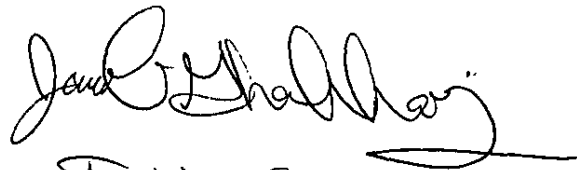
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NOTE: Please provide the original and one copy of the articles.

01/01/2011

To whom it may concern:

I am the Owner of dissolved Corporation Jax Ghahari Inc. and I am not going to re-instate it and I want to release the name to form another corporation.

A handwritten signature in cursive script, appearing to read "Jacob Ghahari".

Jacob Ghahari - owner

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: JAY GHAHARI INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address
400 FREEMONT AVE #51
DAYTONA BEACH FL 32114

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	JACOB GHAAHARI	Name and Title:	
Address:	400 FREEMONT AVE #51	Address:	
	DAYTONA BEACH FL 32114		

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:

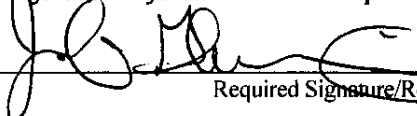
Name: JACOB GHAAHARI
Address: 400 FREEMONT AVE #51
DAYTONA BEACH FL 32114

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

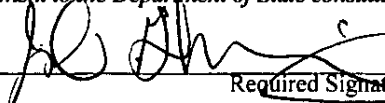
Name: JACOB GHAAHARI
Address: 400 FREEMONT AVE #51
DAYTONA BEACH FL 32114

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

01/01/2011
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

01/01/2011
Date