

P11000047079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

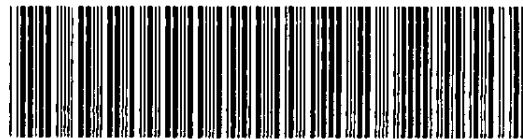
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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W11000024607



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05/02/11--01050--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 MAY 16 PM 4:53

5/18/11

COVER LETTER

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

SUBJECT: 2DSN 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: SHIVA SANKARAN

Name (Printed or typed)

5493 N PAPAGO AVE

Address

BOISE, ID 83713

City, State & Zip

208-906-9643

Daytime Telephone number

getshiva@gmail.com

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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATION
2011 MAY 16 PM 4:53

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



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DIVISION OF CORPORATIONS

2011 MAY 16 PM 4:53

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2011

SHIVA S SHARMA
5493 N PAPAGO AVENUE
BOISE, ID 83713

SUBJECT: 2DSN INC
Ref. Number: W11000024607

We have received your document for 2DSN INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You may file using either the short form or the long form.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 611A00010732

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

2011 MAY 16 PM 4:53

ARTICLE I NAME
The name of the corporation shall be: 2DSN INC

ARTICLE II PRINCIPAL OFFICE
Principal street address
16272 SW 7TH STREET
PEMBROKE PINES, FL
33027

Mailing address, if different is:
5493 N PAPAGO AVE, BOISE, ID 83713

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
STARTING A NEW RETAIL CONVENIENCE STORE FRANCHISE BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHIVA S SHARMA, PRESIDENT	Name and Title: _____
Address: 5493 N PAPAGO AVE	Address: _____
BOISE, ID 83713	_____
_____	_____
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:

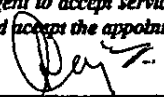
Name: RAJA SAMPATH
Address: 16272 SW 7TH STREET
PEMBROKE PINES FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

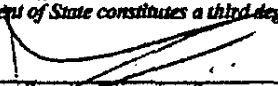
Name: SHIVA SANKARAN
Address: 5493 N PAPAGO AVE
BOISE, ID 83713

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

5/10/2011
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

5/9/2011
Date

Tuesday, May 10, 2011

*I Raja Sampath residing at 16272 SW 7th St, Pembroke Pines, FL 33027 hereby am familiar with and accept the duties and responsibilities of a **Registered Agent** for **2DSN INC** and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.*

Sincerely,



Raja Sampath

16272 SW 7th St, Pembroke Pines, FL 33027

Tuesday, May 10, 2011

SECRETARY OF STATE
DIVISION OF CORPORATION
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