P11000059469

| (| (Requestor's Name) | | | | | |
|---|---|--|--|--|--|--|
| | (Address) | | | | | |
| | (Address) | | | | | |
| | (City/State/Zip/Phone #) | | | | | |
| PICK-UP | WAIT MAIL | | | | | |
| (| (Business Entity Name) | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
| | | | | | | |
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08/27/11--01021--028 **78.75



COVER LETTER

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

| SUBJECT: | SURYA'S GOW, | RMET FOODS INC | • |
|--------------------|--------------------------------------|--|--|
| | (PROPOSED CORPORA' | TE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| Enclosed are an or | iginal and one (1) copy of the artic | cles of incorporation and a check for: | |
| \$70.00 Filing Fee | Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy Certified Copy & Certifica Status ADDITIONAL COPY REQUIR | Copy ate of |
| | | | |
| FROM: _ | VIJAYA K | (Printed or typed) | <u>—</u> |
| _ | 22655 BAYE | SHORE ROAD, # 110. | <u>. </u> |
| _ | | ILLOTTE, FL 33° | 980. |
| | α . (| V 4 - 3 & 3 6 . elephone number | |
| | VK MURTY | (aol, com. | _ |
| | | 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)

| The name of the corporation shall be: LURYAL | GOURMET | FOOD] | MC. | |
|--|----------------------------------|--------------------------|-------------------------------|-----|
| ARTICLE II PRINCIPAL OFFICE Principal street address SUITE # 110. PORT (MARLOTIE, F. | -133980 | Mailing address, if diff | | , |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: Solution: | To manufac | eline foo | d produci | t, |
| ARTICLE IV SHARES The number of shares of stock is: 100 | | | | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRINAME and Title: OWNER VILAGA IX. Address: 21,55 BAYS HOLE STE. # 110 PORT (MARLOTT | My RT Name and Title: | | | |
| Name and Title: Address: | Name and Title: Address: | | | |
| Name and Title: Address: | Name and Title: Address: | | ALC: | |
| ARTICLE VI REGISTERED AGENT | | | 23 N | The |
| The name and Florida street address (P.O. Box NOT accep | table) of the registered agen | t is: | THE STATE OF | F. |
| Address: 2261551 Bayelow F | 1/# 110 E, FL3 3 7 8 a | | PH 3: 2 F STATE FLORIDA | |
| ARTICLE VII INCORPORATOR | | | | ٠ |
| The name and address of the Incorporator is: Name: Address: Name: Address: Name: Address: Address: Name: Address: Ad | 7 <u># 1</u> 10 . Fl3 i 7 8 p | | | |
| Having been named as registered agent to accept service of this certificate, I am familial with and accept the appointment | f process for the above stat | gree to act in this cap | acity | |
| | | | 6/22/11. | |
| Required Signature/Registered Ag | | | Date / | |
| I submit this document and affirm that the facts stated her | rein are true. I am aware i | that the false inform | ation submitted in a | |
| document to the Department of State constitutes a third degr | ee jeiony as proviaea jor in | s.61 /.133, F.S. | 6/22/11. | |
| Required Signature/Incorporate | Or . | | Date / | |