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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 JUL 12 PM 2:03

P3 7/12/11

COVER LETTER

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

SUBJECT: SHREESHARDA TALLAHASSEE I / OBA Subway
(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: Nitin Sutaria
Name (Printed or typed)
3097 O'Brien Drive
Address
Tallahassee, FL 32309
City, State & Zip
(850) 529-2535
Daytime Telephone number
mayasutaria@yahoo.com
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 I NAME

The name of the corporation shall be: SHREESHARDA TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3097 O'Brien Drive
Tallahassee
FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to do business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nitin Sutaria owner Name and Title: _____

Address: 3097 O'Brien Drive Address: _____

Tallahassee

FL 32309

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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DIVISION OF CORPORATIONS
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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Maya Sutaria

Address: 3097 O'Brien Drive
Tallahassee FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maya Sutaria

Address: 3097 O'Brien Drive
Tallahassee FL 32309

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

M. N. Sutaria

Required Signature/Registered Agent

7.12.11

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.

M. N. Sutaria

Required Signature/Incorporator

7/12/11

Date