

P11000068869

(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



700210425397

07/29/11--01015--002 **70.00

OFFICE OF THE
CLERK OF THE
11 JUL 29 PM 1:09
TALLAHASSEE, FLORIDA

K 08/01/11

COVER LETTER

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

SUBJECT: HK COIN CORPORATION
(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: DAXABEN PATEL
Name (Printed or typed)
1817 TARA MARIE LANE
Address
PORT ORANGE FL 32128
City, State & Zip
386-304-8640
Daytime Telephone number
Karnlesh Daxa @ Gmail.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: H.K. COIN CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address
2251 South Ridgewood Avenue
South Daytona FL 32119

Mailing address, if different is:
2255 South Ridgewood Avenue
South Daytona FL 32119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operation of coin Laundromat

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAKABEN PATEL
Address: Pres/Treasurer
1817 TARA MARIE LANE
PORT ORANGE FL 32128

Name and Title: _____
Address: _____

Name and Title: PARESH DESAI
Address: VP/Secretary
2 SPRING MEADOWS DRIVE
ORMOND BEACH FL 32174

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Hemant R Desai
Address: 2 Spring Meadows Dr
Ormond Beach FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dakaben Patel
Address: 1817 Tara Marie Lane
Port Orange FL 32128

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

7-27-2011
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.

X Dakab. K. Patel
Required Signature/Incorporator

7-27-11
Date

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 JUL 29 PM 4:09