Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H110001986973)))



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Division of Corporations

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Account Number: I2000000195 Phone : (850) 521-1000 Fax Number : (850)558-1515

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION **AARUTECH INC**

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03
\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

J. Shivers AUG 1 9 2017

August 9, 2011

FLORIDA DEPARTMENT OF STATE Division of Corporations

CORPORATION SERVICE COMPANY

SUBJECT: AARUTECH INC

REF: W11000041500

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Justin M Shivers Regulatory Specialist II New Filing Section FAX Aud. #: H11000198697 Letter Number: 411A00018630

COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for: S70.00	SUBJECT: AA	RUTECH INC (PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)		
Filing Fee & Certificate of Status Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: SWARTZ FINANCIAL MANAGEMENT, INC. Name (Printed or typed) 650 EAST ALGONQUIN ROAD, SUITE 404 Address SCHAUMBURG, IL 60173 City, State & Zip 847-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM	Enclosed are an o	original and one (1) copy of the arti	cles of incorporation and	d a check for:		
FROM: SWARTZ FINANCIAL MANAGEMENT, INC. Name (Printed or typed) 650 EAST ALGONQUIN ROAD, SUITE 404 Address SCHAUMBURG, IL 60173 City, State & Zip 847-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM		e Filing Fec	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	of	
Name (Printed or typed) 650 EAST ALGONQUIN ROAD, SUITE 404 Address SCHAUMBURG, IL 60173 City, State & Zip 847-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM			ADDITIONAL CO	OPY REQUIRED		
Address SCHAUMBURG, IL 60173 City, State & Zip 847-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM	FROM:	Name	(Printed or typed)		ONV MATE	
City, State & Zip 847-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM	•			-		
B47-241-5800 Daytime Telephone number AGUDGEL@CSCINFO.COM		SCHAUMBURG, IL 60173		φ • • • • • • • • • • • • • • • • • • •	- i.	
Daytime Telephone number AGUDGEL@CSCINFO.COM	•	City,	State & Zip		₹. .	تنسب ا
AGUDGEL@CSCINFO.COM				'd.,,	, <i>1</i> 0	
		Daytime T	elephone number			
	-					

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

ARTICLES ÖF INCORPORATION

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

ARTICLE I The name of the co	NAME AARUTECH INC prporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
•	Principal street address 8450 GATE PARKWAY WEST	Mailing ad	ldress, if different is:
	#1605		
	FACKSONVILLE, FL 32216		
•	TOTO TOTAL TENED TO SELECT		
ARTICLE III			
The purpose for w	which the corporation is organized is:		
GENERAL			
			·
ARTICLE IV	SHARES		. 2
The number of sha	ures of stock is: 10,000 AUTHORIZED, 1,000	DISSUED	ŕ
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	PRC	
Name and T	itle: ANISH KOSHAL - DIRECTOR		
Address:	8450 GATE PARKWAY WEST		
	#160S		
	JACKSONVILLE, FL 32216		***************************************
Name and T	îtle:	Name and Title:	<i>:</i>
Address:		Address:	
		, <u>, , , , , , , , , , , , , , , , , , </u>	
Name and T	itle:	Name and Title:	
Address:		Address:	
		· - · · · · · · · · · · · · · · · · · ·	
			I. 40
ARTICLE VI			
	orida street address (P.O. Box NOT acceptable	c) of the registered agent is:	<u> </u>
Name: Address:	ANISH KOSHAL 8450 GATE PARKWAY WEST # 1605	,	
Address.	IACKSONVILLE FT. 32216		
			
ARTICLE VII			္ကိုႏ္ံ ထ္ ႏို
Name:	dress of the Incorporator is: CORPORATION SERVICE COMPAN	Y	東京 た
Address:	801 STEVENSON DRIVE		** N
	SPRINGFIELD, IL 62703		
Maidea hain same	ad an amintand amount to account amount and		anding of the Man decimand in
	ed as registered agent to accept service of pro in familiar with and accept the appointment as		
200 000 00 000 000 000 000		rogarda da agona da agona agona a	•
By:	Jes Leur		08/10/201
ANICHANOCHAI	Required Signature/Registered Agent		Date
ANISH KOSHAL		man dates. I have consent about the st	Colon lastinamentare acchaectured to a
	ment and affirm that the facts stated herein enartment of Style copylitates a third degree fe		
THE PARTY OF THE P	Troy Todd		/ /
J. W.			8/11/2011
- I want	Required Signature Incorporate		Date