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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

**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
NANAK DEV CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

16 AUG 23 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 8:14
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TALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

ARTICLE I NAME NANAK DEV CORP

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
20 E Mitchell Hammock Rd.
Oviedo FL 32765

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
to transact any and all lawful purposes for which a corporation may be formed

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JASBIR SINGH (Director)
Address: 10 CLOVER HOLLOW RD.
EASTON PA 18045

Name and Title: BATWINDER SINGH (Director)
Address: 10 CLOVER HOLLOW RD.
EASTON PA 18045

Name and Title:
Address:

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: BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.
Address: 515 EAST PARK AVE
TALLAHASSEE, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Arac Rivera c/o BlumbergExcelsior, Inc.
Address: 62 White Street, 2nd Floor
New York, NY 10013

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

José Mojica

Assisted SECY

Required Signature/Registered Agent

08/23/2011

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

08/23/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 AUG 23 AM 11:00