

71200032817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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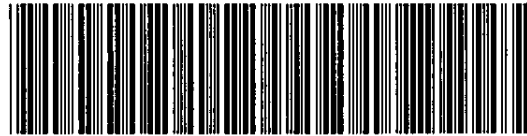
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2012 JUN 11 AM 11:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

J. Shivers JUN 12 2012

**COVER LETTER**

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

**SUBJECT:** SAI Krupa Enterprises, Inc  
(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:** Rupal J. Desai  
Name (Printed or typed)

4337 Auston Way  
Address

Palm Harbor, FL 34685  
City, State & Zip

727-236-3080  
Daytime Telephone number

jpdbiz@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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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:

**SAI Krupa Enterprises, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5938 Benjamin Rd.  
Tampa, FL 33634

Mailing address, if different is:

4337 Auston Way  
Palm Harbor, FL 34685

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Company will distribute head lice products.**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rupal J. Desai / President  
Address: 4337 Auston Way  
Palm Harbor, FL 34685

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Rupal J. Desai  
Address: 4337 Auston Way  
Palm Harbor, FL 34685

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rupal J. Desai  
Address: 4337 Auston Way  
Palm Harbor, FL 34685

*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*

Rupal J. Desai

Required Signature/Registered Agent

6/7/12

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.*

Rupal J. Desai

Required Signature/Incorporator

6/7/12

Date

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