

P12000067412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

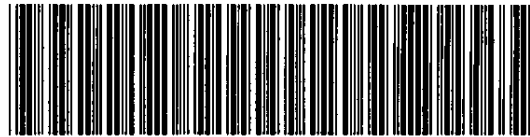
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700237958457

08/02/12--01022--002 **78.75

FILED
12 AUG -2 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Aug 3 2012

COVER LETTER

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

SUBJECT: ANAGHA SERVICES 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: SATYA N.CHAPALAMADUGU

Name (Printed or typed)

12502 BALM RIVERVIEW ROAD

Address

RIVERVIEW, FL, 33579

City, State & Zip

813-677-8367

Daytime Telephone number

schapala@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

ANAGHA SERVICES INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
12502 BALM RIVERVIEW ROAD
RIVERVIEW, FL, 33579

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **SATYA N. CHAPALAMADUGU**
Address: **12502 BALM RIVERVIEW ROAD**
RIVERVIEW, FL, 33579

Name and Title: **NONE**

Address:

Name and Title: **NONE**
Address:

Name and Title: **NONE**

Address:

Name and Title: **NONE**
Address:

Name and Title: **NONE**

Address:

ARTICLE VI REGISTERED AGENT

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

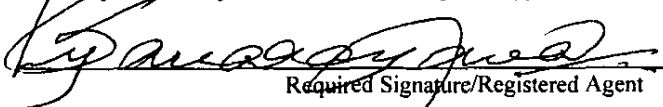
Name: **SATYA N. CHAPALAMADU**
Address: **12502 BALM RIVERVIEW ROAD**
RIVERVIEW FL 33579

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **SATYA N. CHAPALAMADUGU**
Address: **12502 BALM RIVERVIEW ROAD**
RIVERVIEW, FL, 33579

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

7/30/2012

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

7/30/2012

Date

FILED
12 AUG - 2 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA