

P12000090452

(Requestor's Name)

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12 OCT 26 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

W12-50499

10/29/123

## COVER LETTER

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

SUBJECT: AKHAURA FOOD MART 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: PARUL LUTFAZAMAN

Name (Printed or typed)

1304 E UNIVERSITY AVE

Address

GAINESVILLE FL 32641

City, State & Zip

352-871-2432

Daytime Telephone number

HARSHA.TAS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

**AKHAURA FOOD MART INC.**

Parul Lutfazaman  
1304 E University Ave  
Gainesville, FL 32641

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Division of Corporations  
Amendment Section  
PO BOX 6327  
Tallahassee, FL 32314

Re: Document #:P10000050960  
AKHAURA FOOD MART INC

To Whom It May Concern,

Please let this letter serve as proof that we have no intention of revoking the dissolution of the corporation, AKHAURA FOOD MART INC, therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my accountant, Harsha Patel at (813) 817-5402.

Sincerely,



Parul Lutfazaman,

President  
AKHAURA FOOD MART INC

RECEIVED

12 OCT - 1 AM 10:24

CLERK OF COURT  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 2, 2012

PARUL LUTFAZAMAN  
1304 E UNIVERSITY AVE  
GAINESVILLE, FL 32641

SUBJECT: AKHAURA FOOD MART INC.  
Ref. Number: W12000050499

We have received your document for AKHAURA FOOD MART INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete Article(s) I.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 512A00024448

**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: **AKHAURA FOOD MART INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1304 E UNIVERSITY AVE**  
**GAINESVILLE**  
**FL 32641**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY LAWFULL BUSSINESS PURPOSE**  
**ANY LAWFULL BUSSINESS PURPOSE**

**ARTICLE IV SHARES**

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

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

Name and Title: **PARUL LUTFAZAMAN PRESIDENT**  
Address: **1304 E UNIVERSITY AVE**  
**GAINESVILLE**  
**FL 32641**

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:

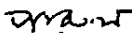
Name: **PARUL LUTFAZAMAN**  
Address: **1304 E UNIVERSITY AVE**  
**GAINESVILLE FL 32641**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **PARUL LUTFAZAMAN**  
Address: **1304 E FOWLER AVE**  
**GAINESVILLE FL 32641**


*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

**09/10/2012**

\_\_\_\_\_  
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

**09/10/2012**

\_\_\_\_\_  
Date

FILED  
12 OCT 26 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA