

P13000010974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

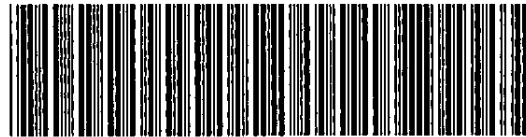
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600244203946

01/31/13--01019--011 **70.00

13 JAN 31 PM 1:40
STATE
OPERATIONS

g 2/4/13

TRANSMITTAL LETTER

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

SUBJECT: SIDDHIVINAYAKA 9 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: SIDDHIVINAYAKA 9 INC
Name (Printed or typed)

6435 W HILLSBOROUGH AVE
Address

TAMPA FL 33634
City, State & Zip

813-765-3024
Daytime Telephone number

13 JAN 31 PM 1:40

RECEIVED
DIVISION OF CORPORATIONS
JAN 31 1990

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)

FILED
DEPT. OF STATE
DIVISION OF CORPORATIONS

13 JAN 31 PM 1:40

ARTICLE I NAME

The name of the corporation shall be: SIDDHIVINAYAKA 9, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6435 W HILLSBOROUGH AVE
TAMPA, FL 33634

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE, COUNTY, TERRITORY, OR NATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUNIL PATEL-PRESIDENT

Address: 6435 W HILLSBOROUGH AVE
TAMPA, FL 33634

Name and Title: RITA PATEL-VICE PRESIDENT

Address: 6435 W HILLSBOROUGH AVE
TAMPA, FL 33634

ARTICLE VI REGISTERED AGENT

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

Name: SUNIL PATEL

Address: 6435 W HILLSBOROUGH AVE
TAMPA, FL 33634

ARTICLE VII INCORPORATOR

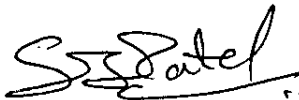
The name and address of the Incorporator is:

Name: SUNIL PATEL

Address: 6435 W HILLSBOROUGH AVE
TAMPA, FL 33634

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



SUNIL PATEL

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 ins.817.155, F.S.

Required Signature/Incorporator



SUNIL PATEL

Date