P/30000/3650

| (Red | questor's Name) | |
|---------------------------|-------------------|-----------|
| (Add | dress) | |
| (Add | dress) | |
| (City | y/State/Zip/Phone | · #) |
| PICK-UP | WAIT: | MAIL |
| (Bus | siness Entity Nam | ne) |
| (Doe | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to I | Filing Officer: | |
| | | |
| | | |
| | | · |

Office Use Only



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COVER LETTER

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

| _{subject:} Dev | <u>rendrakuma, Inc.</u> | | |
|-------------------------|--|--|---|
| | (PROPOSED CORPORA | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the art | ticles of incorporation and | d 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 |
| | | ADDITIONAL CO | |
| | CAN BURNESS OF THE SERVICE OF THE SE | ,, , ; , , , , , , , , , , , , , , , , | |
| FROM: D | evendrakumar F | | |
| 4.4 | | e (Printed or typed) | |
| 12 | 212 SW 16th Ave | | |
| | | Address | |
| G | ainesville, Florid | a 32601 | |
| | City, | , State & Zip | - |
| 8) | 50)544-0357 | | |
| <u></u> | Daytime 7 | Telephone number | |
| rc | hbrgdon@aol.com | | |

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

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

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

| | VCIPAL OFFICE Principal street address | | Mailing address, if different is: 8695 College Pwky #1328 Fort Myers, Florida 33919 | |
|--|--|--|---|----------------|
| | Avenue Apt E | | | |
| Gainesville, F | orida 32601 | Fort M | | |
| ARTICLE III PUR The purpose for which the | POSE ne corporation is organized is: ANY AN | ND ALL LA | WFUL PU | RPOSES. |
| | | | | |
| | | | | |
| ARTICLE V INIT | RES stock is: 1000 PAR VALUE \$1 TAL OFFICERS AND/OR DIRECTOR | | | 13 (FB -8 M |
| | Davis and advisor on Datal | | | |
| Name and Title | Devendrakumar Patel | Name and Title: | President | |
| Name and Title Address | Devendrakumar Patel 1212 SW 16th Ave Apt E Gainesville, FL 32601 | | President | 33 |
| Address | 1212 SW 16th Ave Apt E | Name and Title: Address: | | ≡ 33 |
| Address | 1212 SW 16th Ave Apt E Gainesville, FL 32601 | Name and Title: Address: Name and Title: | | ≡ 33 |
| Address Name and Title: Address | 1212 SW 16th Ave Apt E Gainesville, FL 32601 | Name and Title: Address: Name and Title: Address: | | 3 |
| Address Name and Title: Address | 1212 SW 16th Ave Apt E Gainesville, FL 32601 | Name and Title: Address: Name and Title: Address: | | 3 |

| Name and | d Title; | Name and Title: | |
|----------------------------|--|-------------------------------|--|
| Address | | Address: | |
| ARTICLE VI The name and Fl | REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o | f the registered agent is: | |
| Name: | Donald C Richbourg | _ | |
| Address: | 3350 E Riverside Drive | · | and the state of t |
| | Fort Myers FL 33916 | | 題 あ |
| ARTICLE VII | INCORPORATOR | | FILE |
| The name and ad | dress of the Incorporator is: | | j ≥ 0 |
| Name: | Devendrakumar Patel | _ | |
| Address: | 1212 SW 16th Avenue | - | |
| | Gainesville, FL 32601 | - | |
| | ned as registered agent to accept service of proces am familiar with and accept the appointment as re | | t in this capacity |
| Von | Required Signature/Registered Agent | | 1 Feb 2013 |
| | Required/Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felor | true. I am aware that the fal | |
| | Deverba Postel | | 1 Feb 2013 |
| | Required Signature/Incorporator | | Date |
| | | | |