

P13000017676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

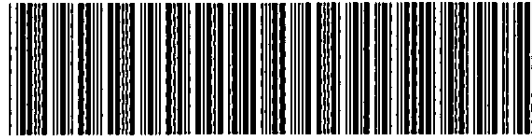
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/25/13--01012--002 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 FEB 25 AM 9:43
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILINGS

FILED
13 FEB 25 AM 10:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

for 2/25/13

COVER LETTER

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

SUBJECT: J & R 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Linaoben V Zala
Name (Printed or typed)

3443 MAHL 3252 MAHAN DR
Address

TALLAHASSEE - FL - 32308
City, State & Zip

352 - 316 - 5164
Daytime Telephone number

RZALA78@YAHOO.COM
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 FEB 25 AM 10:20

FILED

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

ARTICLE I NAME

The name of the corporation shall be: SHRI DISTRIBUTOR INC

13 FEB 25 AM 10:21

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is: SECRETARY OF STATE
TALLAHASSEE FLORIDA

3252 MAHAN DR
TALLAHASSEE FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>President</u>	Name and Title: _____
Address: <u>Linaben V ZALA</u>	Address: _____
<u>3113 MULBERRY PARK BLVD</u>	_____
<u>Tallahassee FL 32311</u>	_____

Name and Title: <u>Vice President</u>	Name and Title: _____
Address: <u>Vannarajsinh P Zala</u>	Address: _____
<u>3113 MULBERRY PARK BLVD</u>	_____
<u>Tallahassee FL 32311</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Vannarajsinh P Zala
Address: 3113 MULBERRY PARK BLVD
Tallahassee FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linaben V Zala
Address: 3113 MULBERRY PARK BLVD
Tallahassee FL 32311

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

[Signature]
Required Signature/Registered Agent

2-25-13

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.

L.V. Zala

Required Signature/Incorporator

2-25-13

Date