

P13000039163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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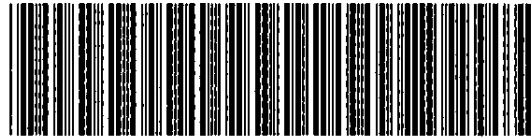
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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13 MAY - 1 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

h 05/01/13

COVER LETTER

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

SUBJECT: Sarvaika Corp

(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: DEVENDRA SHAH

Name (Printed or typed)

1319 AIRPORT DR F-5

Address

TALLAHASSEE, FL 32304

City, State & Zip

813-731-5821

Daytime Telephone number

D1SHAH@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

The name of the corporation shall be: Sarvaika Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

15536 LAKE BELLAVISTA DR

TAMPA FL 33625

Mailing address, if different is:

1319 AIRPORT DR F-5

TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ACQUIRE AND OPERATE FRESH FOOD RESTAURANTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DEVEN SHAH/ P

Address: 1319 AIRPORT DR F-5
TALLAHASSEE, FL 32304

Name and Title: MITAL PATEL /T

Address: 16235 Ivy Lake Drive
Odessa, FL 33556

Name and Title: TANVI SHAH / VP

Address: 15536 LAKE BELLAVISTA DR
TAMPA FL 33625

Name and Title: _____

Address: _____

Name and Title: TEJAS SHAH/ S

Address: 15536 LAKE BELLAVISTA DR
TAMPA FL 33625

Name and Title: _____

Address: _____

(conti.)

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: DEVENDRA SHAH
Address: 1319 AIRPORT DR F-5
TALLAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: DEVENDRA SHAH
Address: 1319 AIRPORT DR F-5
TALLAHASSEE, FL 32304

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TALLAHASSEE FLORIDA

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

Devendra Shah

Required Signature/Registered Agent

05/01/13

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.

Devendra Shah

Required Signature/Incorporator

05/01/13

Date