

P13000040984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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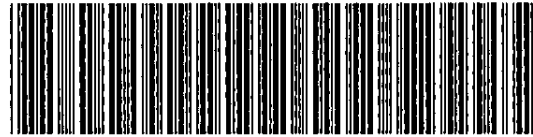
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY -6 PM 2:17

COVER LETTER

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

SUBJECT: **SHRIHIR 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: **VIJAY PATEL**
Name (Printed or typed)

8553 JULIA MARIE CIRCLE
Address

JACKSONVILLE, FL 32210
City, State & Zip

904-3272589
Daytime Telephone number

vijse2006@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. (Pro

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **SHRIHIR INC.**

13 MAY -6 PM 2: 17

ARTICLE II PRINCIPAL OFFICE

Principal street address

**8553 JULIA MARIE CIRCLE
JACKSONVILLE, FL 32210**

Mailing address, if different is:

**8553 JULIA MARIE CIRCLE
JACKSONVILLE, FL 32210**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO BUY A GAS STATION WITH
CONVINENT STORE.**

ARTICLE IV SHARES **1000**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **VIJAY PATEL(PRESIDENT)**

Name and Title: _____

Address **8553 JULIA MARIE CIR.**

Address: _____

JACKSONVILLE, FL 32210

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
SECRETARY OF STATE (cont.)
DIVISION OF CORPORATIONS

13 MAY -6 PM 2:17

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: VIJAY PATEL
Address: 8553 JULIA MARIE CIRCLE
JACKSONVILLE, FL 32210

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VIJAY PATEL
Address: 8553 JULIA MARIE CIRCLE
Jacksonville, FL 32210

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

VIJAY
Required Signature/Registered Agent

4-2-2013
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.

VIJAY
Required Signature/Incorporator

4-2-2013
Date