

P130000 70879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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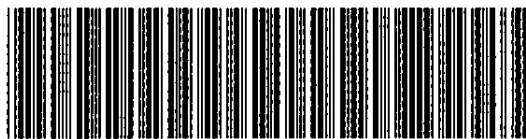
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
13 AUG 27 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

13 AUG 27 PM 2:45

1/4

COVER LETTER

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

SUBJECT: Harshaben Patel 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: HARSHABEN PATEL

Name (Printed or typed)

722 W Franklin St

Address

Quincy, FL 32351

City, State & Zip

830-539-0049

Daytime Telephone number

HPATEL2003@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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Harshaben Patel Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

722 W Franklin st
Orlando, FL 32351

Mailing address, if different is

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lounge

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harshaben Patel — Presi. Name and Title: _____

Address 722 W Franklin st Address: _____
Orlando, FL 32351

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

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Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
_____	_____	_____	_____
_____	_____	_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Harshaben Patel
Address: 722 W Franklin St
Gaines, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harshaben Patel
Address: 722 W Franklin St
Gaines, FL 32351

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

H. P. Patel
Required Signature/Registered Agent

8/27/13
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.

H. P. Patel
Required Signature/Incorporator

8/27/13
Date