

P13000078720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

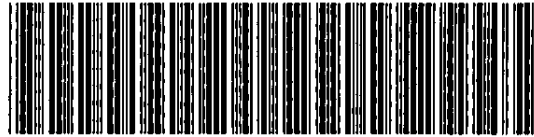
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000251387850

09/24/13--01027--016 **79.00

RECEIVED
13 SEP 24 PM 1:33
DIVISION OF CORPORATIONS

13 SEP 24 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

9/24/13

COVER LETTER

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

SUBJECT: Ghosh Brothers 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: Nijmeh Daoud
Name (Printed or typed)

3258 Skyview Dr.
Address

Tallahassee, FL 32303
City, State & Zip

850-727-5422
Daytime Telephone number

nijmehdaoud@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 24 PM 1:43

APPROVED
AND
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Ghosh Brothers Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, **SECRETARY OF STATE
TALLAHASSEE FLORIDA**

1104 Old Bainbridge Rd.

Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Convenience store / Grocery store

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
(confidential)
AND
FILED

13 SEP 24 PM 1:43

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: Mohammad Aboughash

Address: 3258 Skyview Dr.

Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

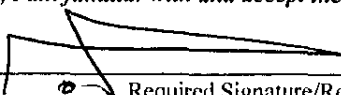
The name and address of the Incorporator is:

Name: Nijmeh Daoud

Address: 3258 Skyview Dr.

Tallahassee, FL 32303

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

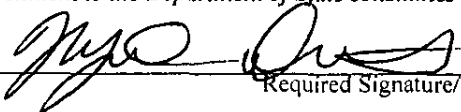


Required Signature/Registered Agent

9-24-13

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.



Required Signature/Incorporator

9-24-13

Date