

P13000098274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT:** Shanti Management 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:** Aleksandra Krasinski  
Name (Printed or typed)  
1275 Barclay Blvd.  
Address  
Buffalo Grove, IL 60089  
City, State & Zip  
847-495-3076  
Daytime Telephone number  
Aleksandra.Krasinski@STA-IS.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: Shanti Management Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

190 E. 12th St.

St. Cloud, FL 34769

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

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**ARTICLE IV SHARES** 1000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kamlesh Shah/Director

Name and Title: Kunal Shah/Director

Address: 190 E. 12th St.

Address: 190 E. 12th St.

St. Cloud, FL 34769

St. Cloud, FL 34769

Name and Title: Raja Shah/Director

Name and Title: Ashok Shah/Director

Address: 190 E. 12th St.

Address: 190 E. 12th St.

St. Cloud, FL 34769

St. Cloud, FL 34769

Name and Title: Kanchanben Shah/Director

Name and Title: \_\_\_\_\_

Address: 190 E. 12th St.

Address: \_\_\_\_\_

St. Cloud, FL 34769

(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: Kunal Shah  
Address: 190 E. 12th St.  
St. Cloud, FL 34769


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Kunal Shah  
Address: 190 E. 12th St.  
St. Cloud, FL 34769

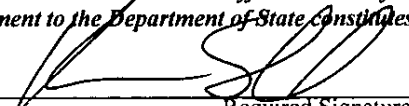
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TALLAHASSEE FLORIDA

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

12/3/13  
\_\_\_\_\_  
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

12/3/13  
\_\_\_\_\_  
Date