

P14000065454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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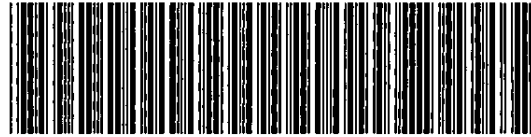
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/6/14

Cover Letter

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

SUBJECT: Sirrah Industries Inc.

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: Blonche Harris

Suite 466

1936 Bruce B. Downs Blvd.

Wesley Chapel, FL 33543-9262

(813)453-1127

bdharris1@hotmail.com

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

ARTICLE I: NAME

The name of the corporation shall be Sirrah Industries Inc.

ARTICLE II: PRINCIPAL OFFICE

Principal Street address:

Mailing address, if different is

Sirrah Industries Inc.
Suite 466
1936 Bruce B. Downs Blvd.
Wesley Chapel, FL 33543

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is to engage in any and all lawful business.

ARTICLE IV: SHARES

The number of shares of stock is : 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Blonche Harris, President
Address: c/o Sirrah Industries Inc.
Suite 466
1936 Bruce B. Downs Blvd.
Wesley Chapel, FL 33543

ARTICLE VI: REGISTERED AGENT

Name: Blonche Harris, President
Address: c/o Sirrah Industries Inc.
Suite 466
1936 Bruce B. Downs Blvd.
Wesley Chapel, FL 33543

ARTICLE VII: INCORPORATOR

Name: Blonche Harris, President
Address: c/o Sirrah Industries Inc.
Suite 466
1936 Bruce B. Downs Blvd.
Wesley Chapel, FL 33543

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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

Bob Williams

Required Signature/Registered Agent

7-1-2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Bob Williams

Required Signature/Incorporator

7-1-2014

Date

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TALLAHASSEE, FLORIDA