

P 15000024843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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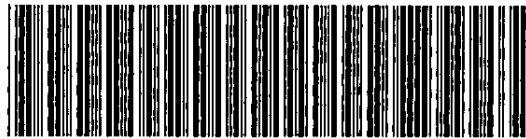
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 10 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

gf 3/16/15

COVER LETTER

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

SUBJECT: **ILKHAN MANAGEMENT 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 ☒ \$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: **OMID ILKHAN**
Name (Printed or typed)
872 GLOUCESTER STREET
Address
BOCA RATON FLORIDA 33487
City, State & Zip
410-335-7727
Daytime Telephone number
USER639327@AOL.COM
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

ILKHAN MANAGEMENT INC.

15 MAR 10 AM 11:45

ARTICLE II PRINCIPAL OFFICE

Principal street address

872 GLOUCESTER STREET

BOCA RATON

FLORIDA 33487

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

250 S. PRESIDENT ST.

APT. 1302

BALTIMORE MD. 21202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE AND MANAGE VARIOUS BUSINESS ENTERPRISES OWNED BY OMID ILKHAN

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OMID ILKHAN-PRESIDENT

Name and Title: _____

Address 872 GLOUCESTER ST.

Address: _____

BOCA RATON

FLORIDA 33487

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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:

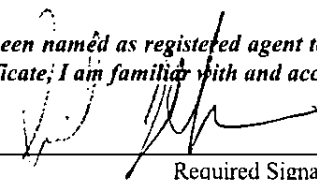
Name: OMID ILKHAN
Address: 872 GLOUCESTER ST.
BOCA RATON FL. 33487

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OMID ILKHAN
Address: 250 S. PRESIDENT ST. #1302
BALTIMORE MD 21202

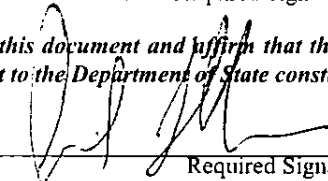
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

x 

Required Signature/Registered Agent

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.

x 

Required Signature/Incorporator

Date

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