

P15000024872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

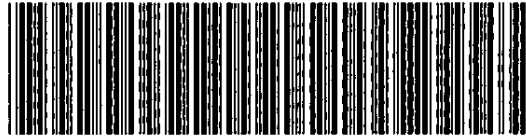
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 12 PM 12:40

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MAR 12 2015

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T. SCOTT

COVER LETTER

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

SUBJECT: ROCHI KOIRALA, CPA, P.A.

(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: ROCHI KOIRALA

Name (Printed or typed)

1630 NW 128th DR. APT 309

Address

SUNRISE, FL, 33323

City, State & Zip

305-915-4452

Daytime Telephone number

rochikoirala@gmail.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: ROCHI KOIRALA, CPA, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1630 NW 128th Dr, APT 309
SUNRISE, FL 33323

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Accounting services

Financial Reporting - Preparing financial statements with notes.

Management Discussion and Analysis.

Technical Accounting services.

Book keeping services

Management accounting services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rochi Koirala

Name and Title: _____

Address

1630 NW 128th Dr

Address: _____

APT 309,

SUNRISE, FL 33323

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

15 MAR 12 PM 12:40

(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:

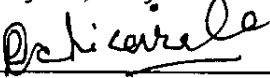
Name: Rochi Koirala
Address: 1630 NW 128th Dr, APT 309
Sunrise, FL 33323

ARTICLE VII INCORPORATOR

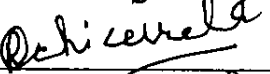
The name and address of the Incorporator is:

Name: Rochi Koirala
Address: 1630 NW 128th Dr. APT 309
Sunrise, FL 33323

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

 3/9/2015
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.

 3/9/2015
Required Signature/Incorporator Date