## P/500038803

(Re	equestor's Name)			
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
. (Ви	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
<del></del>				





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15 APR 27 PM 12: 44

2 04/30/15

Dated 4/23/2015

The Secretary of State,

**Division of Corporation** 

State of Florida, 32314

Dear Madam / Sir

It is humbly bring to your kind knowledge that I owned a Corporation named,

"CAND I CORPORATION OF USA". Which I do not want to reinstate rather I want to form a new Corporation using the same name of "CAND I CORPORATION OF USA",. I am submitting herewith Incorporation application along with required fee.

I therefore request your kind honor to allow me to use the same name for which! will Be quite grateful to your kind office

With kind regards,

Yours Sincerely,

15 APR 27 PH 12: 41

OSMAN CHOWDHIDY

## **COVER LETTER**

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

SUBJECT:	and I Corpor	rapon & USA			
	(PROPOSED CORPORA	TE NAME = <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an origi	nal and one (1) copy of the art	icles of incorporation and	l 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 CO	PY REQUIRED		
FROM: Aik Bookkeeping and Jax Consultant-					
925 "5' Military Trail # D-4					
City, State & Zip					
(571) 687-6466  Daytime Telephone number					
	4.0	TING ADVANTAG d for future annual report r	_		

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)

The name of the corpo	pration shall be: C and /	Co ropration	OT USA		
ARTICLE II PI			Mailing address, if different is:		
Cocomu	+ Creek, FL 33073				
_	TRPOSE  h the corporation is organized is:				wel
				57	31.A10 35
	HARES of stock is: /000  IITIAL OFFICERS AND/OR DIRECTOR			APR 27 PH 12: 44	CRETARY OF STATE
	ile: OSMAN CHOW DHURY PR	•			·· <b>·</b>
Address	4044 NW 62ml Ct.				
	<u>F1</u> 33073	<del>.</del>		<del></del>	<del></del>
Name and Tit	le:	Name and Title:	<del></del>		
Address		Address:			<del></del>
Name and Tit	le	Name and Title:			
Address		Address:		<del> </del>	<del></del> -

Name as	nd Title:	Name and Title	
Addres	s	Address:	
ARTICLE VI The name and F Name:	REGISTERED AGENT Florida street address (P.O Box NOT acceptable) of CHOWDHURY	-	
Address:	GOCOMUL Greek, F. 330		SECRE DIVISION 15 APR
ARTICLE VII			TARY OF CO
The name and a	ddress of the Incorporator is		PH
Name:	OSMAN CHOWDHURY	_	DESTAN
Address:	4044 NW 62me Ct.	<del></del>	<b>1</b> 188
	Coconut Creek, FC 33072		
this certificate, I	med as registered agent to accept service of proces am familiar with and accept the appointment as re	gistered agent and agree to act in t	
GB√	Nav Chowllyy Required Signature/Registered Agent		4-23-15 Date
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein are Pepartment of State constitutes a third degree felor	true. I am aware that the false in	
<u> </u>	Required Signature/Incorporator		4-23-15
	Required Signature/Incorporator		Date