

P/50000674/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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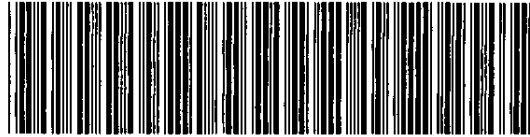
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 AUG - 7 AM 10:23

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## COVER LETTER

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

**SUBJECT:** TA HARQA CORP. (Taharqa 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:** Aren Manuel Joseph  
\_\_\_\_\_  
Name (Printed or typed)  
  
1581 W. 49th Street #246  
\_\_\_\_\_  
Address  
  
Hialeah, FL 33012  
\_\_\_\_\_  
City, State & Zip  
  
786-445-2496  
\_\_\_\_\_  
Daytime Telephone number  
  
arenjoseph51@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: Taharqa Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1581 W. 49th Street #246

Hialeah, FL 33012

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Selling merchandise

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**ARTICLE IV SHARES**

The number of shares of stock is: 50,000

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

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

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

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

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

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

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

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: Feroza S. Joseph  
Address: 3502 63rd Street West  
Lehigh Acres, FL 33971

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Aren Manuel Joseph  
Address: 1581 W. 49th Street #246  
Hialeah, FL 33012

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

*Mary Joseph*  
Required Signature/Registered Agent

8/4/15  
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.*

*Aren Manuel Joseph*  
Required Signature/Incorporator

8/4/15  
Date