P150000681235

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

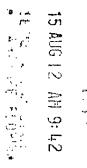
Office Use Only

VIIZ-48716



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(MD 8/H

COVER LETTER

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

SUBJECT: SH	YAM GOKUL CORP				
30 5 561	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the	articles of incorporation and	d a check for:		
■ \$70.0 Filing Fo	00 ☐ \$78.75 ee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL COPY REQUIRED			
FROM	SHILPAN DALAL Name (Printed or typed)				
	2226 HIGHWAY 71				
	Address				
	MARIANNA, FL 32448				
	City, State & Zip				
	850-693-0977				
	Daytime Telephone number				
	vickiclamb@yahoo.com				
	F-mail address: (to be u	sed for future annual report	notification)		

NOTE: Please provide the original and one copy of the articles.



July 21, 2015

SHILPAN DALAL 2226 HIGHWAY 71 MARIANNA, FL 32448

SUBJECT: SHYAM GOKUL CORP Ref. Number: W15000048716

We have received your document for SHYAM GOKUL CORP and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 115A00015188

Maryanne Dickey Regulatory Specialist II New Filing Section

www.sunbiz.org

Division of Companytions D.O. DOV 6207 Tollahorson Florida 20214

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corporation shall be:	AM GOKUL CORP	* m 51
TICLE II PRINCIPAL OFFICE Principal street at 26 HIGHWAY 71		Mailing address, if different is:
ARIANNA, FL 32448		<u> </u>
RTICLE III PURPOSE e purpose for which the corporation is o	organized is:	CE STORE-LIQUOR STORE
e number of shares of stock is: TICLE V INITIAL OFFICERS AN Name and Title: SHILPAN DAL	AL_DRESIDENT	Title:
Address 2226 HIGHWAY		THE.
MARIANNA, FI	L 32448	
Name and Title:	Name and	Title:
Address	Name and Address:	
Address	Address:	
Address	Address:	
Address Name and Title: Address	Address:	Title:

Name ar	nd Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:	AUG 12
Name:	SHILPAN DALAL		
Address:	2226 HIGHWAY 71		₩ 9: 42
	MARIANNA, FL 32448		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Shilpan Dalal	Store Location 4386 Hwy 77 Grace Ville, H	
Address:	Shilpan Dalal 2226 Hwy71	4386 AWY 11	21.660
	Marianna, 72 32448	Graceville, 70	0097
Effective date, if	EFFECTIVE DATE: other than the date of filing: late is listed, the date must be specific and cannot ling.)	(OPTIONAL) t be more than five business days	prior or 90 business
Note: If the date the document's e	inserted in this block does not meet the applicable of state on the Department of State's records.	statutory filing requirements, this da	ite will not be listed as
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg		
	6000.	_	7/7/15
	Required Signature/Registered Agent		Date
I submit this doc document to the	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	true. I am aware that the false info v as provided for in s.817.155, F.S.	ormation submitted in a
(D.O.O.	7	17/10
Redu	red Signature/Incorporator		Date