

P 15000089580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

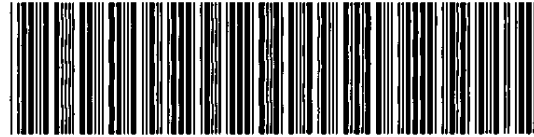
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600278755946

11/03/15--01011--017 \*\*70.00

RECEIVED  
2015 NOV -3 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 NOV -3 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

*JP* 11/3/15

APPROVED  
AND  
FILED

**COVER LETTER**

15 NOV -3 PM 2: 12

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** KRISHEN 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  
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 COPY REQUIRED**

**FROM:** FRANK RONG CPA

Name (Printed or typed)

3116 CAPITAL CIRCLE NE #3

Address

TALLAHASSEE, FLORIDA 32308

City, State & Zip

8506684925

Daytime Telephone number

FRANK@VERYGOODCPA.COM

E-mail address: (to be used for future annual report notification)

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

A letter:

My document # is P08000092055. I have no intention to keep the company name called Krishen Inc. Thus ~~The~~ "krishen Inc" needs to be released.

Joshi Jagadish.

11/03/2015.

APPROVED  
AND  
FILED

15 NOV -3 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2015 NOV -3 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

APPROVED  
AND  
FILED

15 NOV -3 PM 2:12

**ARTICLE I NAME**

The name of the corporation shall be: KRISHEN INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2751 N.MONROE ST

TALLAHASSEE, FL 32303

Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: DO ALL LEGAL AND LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JOSHI, JAGADISH (PRESIDENT)

Address: 2751 N.MONROE ST

TALLAHASSEE, FL 32303

Name and Title: JOSHI, JAYASHRI (VP)

Address: 2751 N.MONROE ST

TALLAHASSEE, FL 32303

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

APPROVED  
AND  
FILED

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

15 NOV -3 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: FRANK RONG CPA  
Address: 3116 CAPITAL CIRCLE NE #3  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JOSHI, JAGADISH  
Address: 2751 N.MONROE ST  
TALLAHASSEE, FL 32303

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/03/2015 (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*

\_\_\_\_\_  
Required Signature/Registered Agent

11/03/2015  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator

11/03/2015  
\_\_\_\_\_  
Date