

P15000096749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

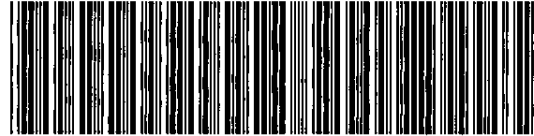
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900279403799

11/25/15--01012--015 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV 25 PM 2:19

APPROVED
AND
FILED

1A

COVER LETTER

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

SUBJECT: DHARMA WRAPS 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 ☒ \$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: PARTH CHAUDHARI

Name (Printed or typed)

2631 SW 118TH TERRACE

Address

GAINESVILLE, FL 32608

City, State & Zip

352-275-4178

Daytime Telephone number

AETINARINC@HOTMAIL.COM

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

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

APPROVED
AND
FILED

15 NOV 25 PM 2:14

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: DHARMA WRAPS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6419 NEWBERRY ROAD

GAINESVILLE, FL 32605

Mailing address, if different is:

2631 SW 118TH TERRACE

GAINESVILLE, FL 32608

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: buying a for profit business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Parth Chaudhari - President

Name and Title: _____

Address

2631 SW 118th Terrace

Address: _____

Gainesville, FL 32608

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

APPROVAL
AND
FILED

15 NOV 25 PM 2: 14

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

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: PARTH CHAUDHARI
Address: 2631 SW 118TH TERRACE
GAINESVILLE, FL 32608

ARTICLE VII INCORPORATOR

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

Name: Parth Chaudhari
Address: 2631 SW 118th Terrace
Gainesville, FL 32608


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/01/2015. (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

11/23/15
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.


Required Signature/Incorporator

11/23/15
Date