

P/50009960X

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies ☒ Certificates of Status ☐

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12/07/15--01025--008 **87.50

EFFECTIVE DATE

1/1/16

DEC 16 2015
S. GILBERT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC -7 AM 2:02

FILED

COVER LETTER

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

SUBJECT: DEVON CLEANERS II, 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 Filing Fee & Certified Copy	☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: AKBAR SIDDIQKARA
Name (Printed or typed)

17640 SW 154TH PLACE,
Address

MIAMI, FLORIDA 33187
City, State & Zip

305-496-4034
Daytime Telephone number

ASIDDIQKARA@YAHOO.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: DEVON CLEANERS II, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

17640 SW 154TH PLACE

MIAMI, FLORIDA 33187

Mailing address, if different is:

17640 SW 154TH PLACE

MIAMI, FLORIDA 33187

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE PURPOSE OF OPERATING BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AKBAR SIDDIQKARA, PRESIDENT

Address: 17640 SW 154TH PLACE

MIAMI, FLORIDA 33187

Name and Title: GABY C. SUAREZ, VICE PRESIDEN

Address: 17640 SW 154TH PLACE

MIAMI, FLORIDA 33187

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: AKBAR SIDDIQKARA
Address: 17640 SW 154TH PLACE
MIAMI, FLORIDA 33187

ARTICLE VII INCORPORATOR

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

Name: AKBAR SIDDIQKARA
Address: 17640 SW 154TH PLACE
MIAMI, FLORIDA 33187

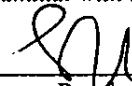
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 1, 2016. (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

  12-03-2015
Required Signature/Registered Agent 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.

 12-03-2015
Required Signature/Incorporator Date