

P15000 100295

(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:

WIS-77684

Office Use Only



800279114398

11/19/15--01017--010 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 DEC 18 PM 4:36

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: MEHDI KOLAHIAN 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: MEHDI KOLAHIAN

Name (Printed or typed)

3660 NE 166 ST APT 208

Address

NORTH MIAMI BEACH, FL 33160

City, State & Zip

786 277-8915

Daytime Telephone number

kolahian123@yahoo.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2015

MEHDI KOLAHIAN
3660 NE 166 ST APT 208
NORTH MIAMI BEACH, FL 33160

SUBJECT: MEHDI KOLAHIAN INC
Ref. Number: W15000077684

We have received your document for MEHDI KOLAHIAN INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 515A00025176

APPROVED
AND
FILED

15 DEC 18 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/16/15

Re: P14000042386 (Mehdi Kolahian P.A)


To whom it may concern:

This letter is to inform you that I Mehdi Kolahian, am the designated owner of the Mehdi Kolahian P.A document number P14000042386. I have no intention on renewing this corporation. Could you please allow my new corporation Ref # W15000077684 (Mehdi Kolahian Inc) to be activated.

Should you have any further questions please feel free to contact me Mehdi Kolahian @ 786 277-8915

Kind Regards

Mehdi Kolahian

A handwritten signature in black ink, appearing to read 'Mehdi Kolahian', with a long horizontal flourish extending to the right.

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 DEC 18 PM 4:36

ARTICLE I NAME

The name of the corporation shall be: MEHDI KOLAHIAN INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
3660 NE 166 ST APT 208

Mailing address, if different is:

NORTH MIAMI BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ME TO BE ABLE TO DECLARE INCOME I GENERATE
OUTSIDE OF MY MAIN ACTIVITY AS A MORTGAGE LOAN OFFICER (W2), ALSO I AM A LISENCED
REAL ESTATE AGENT.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEHDI KOLAHIAN/PRESIDENT

Name and Title: _____

Address 3660 NE 166 ST APT 208

Address: _____

NORTH MIAMI BEACH, FL 33160

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVAL
AND
FILED

15 DEC 18 PM 4:37

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: MEHDI KOLAHIAN

Address: 3660 NE 166ST APT 208

NORTH MIAMI BEACH, FL 33160

ARTICLE VII INCORPORATOR

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

Name: MEHDI KOLAHIAN

Address: 3660 NE 166ST APT 208

NORTH MIAMI BEACH, FL 33160

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 (OPTIONAL)

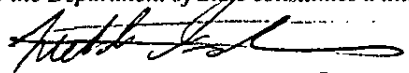
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

	<u>11-16-2015</u>
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.

	<u>11-16-2015</u>
Required Signature/Incorporator	Date