

PI6000019493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 03 2016  
T SCHROEDER

COVER LETTER

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

SUBJECT: ROHINI 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: ROHINI PATEL

Name (Printed or typed)

2149 Game Bird Ct

Address

Tallahassee FL-32311

City, State & Zip

(850) 345-1837

Daytime Telephone number

Sampl357@gmail.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: ROHINI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2149 Game Bird Ct  
Tallahassee, FL 32311

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROHINI A PATEL (PRESIDENT) Name and Title: ASIT PATEL SECRETARY

Address: 2149 Game Bird Ct Address: 2149 Game Bird Ct  
Tallahassee, FL 32311 Tallahassee, FL 32311

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

16 MAR -3 AM 9:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: ASIT PATEL

Address: 2149 Game Bird Ct

Tallahassee, FL 32311

**ARTICLE VII INCORPORATOR**

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

Name: RONINI PATEL

Address: 2149 Game Bird Ct

Tallahassee, FL 32311

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: ~~March~~ April 1<sup>st</sup> 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

Asit Patel

Required Signature/Registered Agent

03/03/2016

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.

Ronini Patel

Required Signature/Incorporator

03/03/2016

Date

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APR 1 2016