

PI60000 42708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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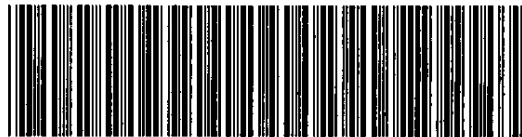
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/09/16--01035--025 **70.00

FILED
16 MAY -9 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/1

COVER LETTER

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

SUBJECT: Mistry Wade Realty LLC

(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: Devesh H. Mistry

Name (Printed or typed)

433 Central Avenue Suite 206

Address

St. Petersburg, FL 33701

City, State & Zip

(813) 270-0249

Daytime Telephone number

Ushamistry918@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)

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ARTICLE I NAME

The name of the corporation shall be: Mistry Wade Realty LLC

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address
433 Central Avenue, Suite 206
St. Petersburg, FL 33701

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Management of Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harshadrai V. Mistry (Managing Member)

Address 433 Central Avenue
Suite 206
St. Petersburg, FL 33701

Name and Title: Charles Wade (Member)

Address: 204 37th Avenue North
Box 454
St. Petersburg, FL 33704

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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

16 MAY 9 AM 11:03
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: Harshadrai V. Mistry
Address: 433 Central Avenue, Suite 206
St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

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

Name: Devesh H. Mistry
Address: 433 Central Avenue, Suite 206
St. Petersburg, FL 33701


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

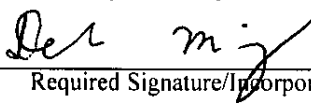
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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
5/6/2016
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.


Required Signature/Incorporator
5/6/2016
Date