

P1600005706Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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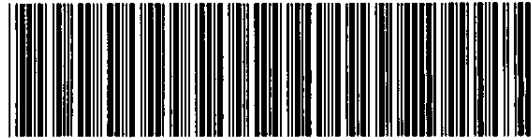
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
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16 JUL 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: AYON-1 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: Harvey Rashid Meah
Name (Printed or typed)

16776 SE HWY 19
Address

cross city FL 32628
City, State & Zip

Daytime Telephone number

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: ANYON 1 INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
16776 SE Hwy 19
Cross City FL 32628

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1007

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Haronur Rashid Meah Name and Title: President

Address: 16776 SE Hwy 19 Address: _____
Cross City FL 32628

Name and Title: Javed Miah Name and Title: V.P

Address: 16776 SE Hwy 19 Address: _____
Cross City - 32628

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 JUL 12 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVE
AND
FILED

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: Harunur Rashid Meah
Address: 16776 SE Hwy 19
Cross City FL 32628

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Harunur Rashid
Address: 16776 SE Hwy 19
Cross City FL 32628

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 to 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

Harunur Rashid
Required Signature/Registered Agent

08/12/16
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.

Harunur Rashid
Required Signature/Incorporator

08/12/16
Date