

P 16 000088804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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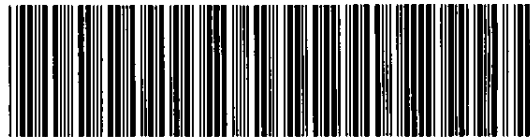
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
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STATE OF ARIZONA
TALLAHASSEE, FLORIDA

C. GOLDEN
NOV - 7 2016

4-15-16
ARIZONA
TALLAHASSEE

COVER LETTER

16 NOV -7 AM 9:28

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

SEC. OF STATE
TALLAHASSEE - FLORIDA

SUBJECT: SHAKTI KRUPA DISTRIBUTOR 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: VANRAJSINH P ZALA
Name (Printed or typed)

2465 LANTANA LN
Address

TALLAHASSEE - FL 32311
City, State & Zip

352-316-5164
Daytime Telephone number

RZALA78@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)

NOT
FILED

16 NOV 7 AM 9:28

ARTICLE I NAME

The name of the corporation shall be: SHAKTI KRUPA DISTRIBUTOR INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SET
TALLAHASSEE
FLORIDA

10075 SOUTH SALT RD
LAMONT -FL 32336

2465 LANTANA LN
TALLAHASSEE-FL
32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LIQUOR STORE

ARTICLE IV SHARES

The number of shares of stock is: 100 ~~10~~ 10-2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT

Name and Title: VANRAJ SINGH ZALIA

Address 2465 LANTANA LN

Address: _____

TALLAHASSEE FL 32311

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 NOV -7 AM 9:25

SE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

VANRAJSSINH ZALA

Address:

2465 LANTANA LN
TALLAHASSEE FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

VANRAJSSINH P ZALA

Address:

10075 LAMONT SOUTH SALT RD
LAMONT FL 32336

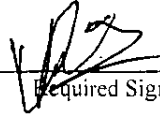
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11-07-2016 (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



Required Signature/Registered Agent

11-7-16

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.



Required Signature/Incorporator

11-7-16

Date