

P/6 000097062

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2016 DEC -8 PM 2:15

*[Signature]* 12/09/16

## COVER LETTER

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

SUBJECT: India International Co.  
(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: India Pennell / Grant Pennell  
Name (Printed or typed)

3510 WEST VINE ST.  
Address

KISSIMEE FL. 34741  
City, State & Zip

647-4047253  
Daytime Telephone number

indianinvestments @ Outlook.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: INDIANA INTERNATIONAL CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3510 W Vine St.  
Kissimmee Fl. 34741

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real Estate investment firm.  
Purchasing and managing real estate investments  
in Florida.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Indiana Pennell Name and Title: \_\_\_\_\_

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

3510 W Vine St.  
Kissimmee Fl. 34741

Name and Title: Grant Pennell Name and Title: \_\_\_\_\_

Address: Chief Executive Officer Address: \_\_\_\_\_

3510 W Vine St  
Kissimmee Fl. 34741

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

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

\_\_\_\_\_  
\_\_\_\_\_

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: SHAY SHIVRAM  
Address: 3510 W VINE STREET  
KISSIMEE FL 34741

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHAY SHIVRAM  
Address: 3510 W VINE STREET  
KISSIMEE FL 34741

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: NOV 8, 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

[Signature]  
Required Signature/Registered Agent

11-08-2016  
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.

[Signature]  
Required Signature/Incorporator

NOV 9/16  
Date

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