

P17000024919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

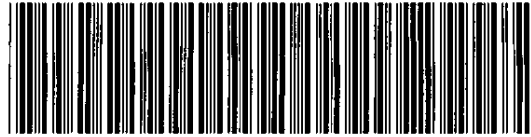
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
17 MAR 24 PM 4:37

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 24 PM 3:51

COVER LETTER

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

SUBJECT: Biran.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: Mustafa SARAC
Name (Printed or typed)

2500 Holton Street, Apartment 141 G
Address

Tallahassee, Florida 32310
City, State & Zip

8438643936
Daytime Telephone number

Fmustafasarac@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: Biran, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1500 Apalachee Parkway,
Tallahassee, FL 32301

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: I want to open a carts
in mall and these carts are sunglasses
cart and telephones and tablets fix
cart.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Mustafa SARAC</u>	Name and Title:	<u>Director</u>
Address:	<u>2500 Holton</u>	Address:	_____
	<u>Street, Tallahassee</u>		_____
	<u>FL, 32310</u>		_____

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAR 26 PM 3:51

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: Mustafa SARAC

Address: 2500 Holton Street,
Tallahassee, FL 32310

ARTICLE VII INCORPORATOR

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

Name: Mustafa SARAC

Address: 2500 Holton Street
Tallahassee, FL 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 24 March, 2017 (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

24 March, 2017
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

24 March, 2017
Date