

P/7000049508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

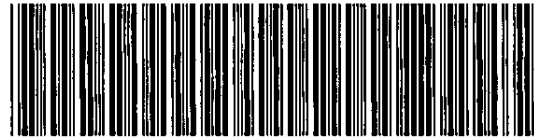
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400299355054

05/22/17--01032--019 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUN -5 AM 10:16

FILED

W17-044218

06/07/17

GANGA PERSAD
181 CASSIA AVE SE
PALM BAY, FL 32909

June 1, 2017

FL Dept of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Articles of Incorporation for Ganga's Auto Repair, Inc.

Dear Sirs,

I received the attached letter stating that the Articles of Incorporation for Ganga's Auto Repair, Inc. had not been filed because I did not sign as the Registered Agent or Incorporator. I apologize for this oversight.

I realized, reading this letter, that the name of the company was incorrect as submitted. The name of the business should have been "Ganga's Auto & Transmission Repair, Inc.". I am submitting a new Articles of Incorporation with the correct name and am asking that you apply the \$78.75 you have in your possession to the Articles of Incorporation for Ganga's Auto & Transmission Repair, Inc.

Please do not hesitate to contact me at 321-953-8501 if you have any questions.

Sincerely,

Ganga Persad

RECEIVED
17 JUN -5 PM 4:50
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

GANGA PERSAD
181 CASSIA AVE., S.E.
PALM BAY, FL 32909

SUBJECT: GANGA'S AUTO REPAIR, INC.
Ref. Number: W17000044218

TRANSMISSION

We have received your document for GANGA'S AUTO REPAIR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00010438

COVER LETTER

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

SUBJECT: GANGA'S AUTO & TRANSMISSION REPAIR, 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: GANGA PERSAD
Name (Printed or typed)
181 CASSIA AVE SE
Address
PALM BAY, FL 32909
City, State & Zip
321-953-8501
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: GANGA'S AUTO & TRANSMISSION REPAIR, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2100 PALM BAY RD. NE

181 CASSIA AVE SE

PALM BAY, FL 32905

PALM BAY, FL 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR THE TRANSACTING OF ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 500

FILED
17 JUN -5 AM 10:16
CLERK OF STATE
PALM BEACH, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GANGA PERSAD - PRESIDENT

Name and Title: PREMATEE C. PERSAD - VPS

Address: 181 CASSIA AVE SE

Address: 181 CASSIA AVE SE

PALM BAY, FL 32909

PALM BAY, FL 32909

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: GANGA PERSAD

Address: 181 CASSIA AVE SE

PALM BAY, FL 32909

ARTICLE VII INCORPORATOR

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

Name: GANGA PERSAD

Address: 181 CASSIA AVE SE

PALM BAY, FL 32909

RECEIVED
JUN -5 AM 10:16
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 1, 2017. (OPTIONAL)

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

Ganga Persad
Required Signature/Registered Agent

JUNE 1, 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.

Ganga Persad
Required Signature/Incorporator

JUNE 1, 2017
Date