

P17000068295

(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



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17 AUG 14 AM 8:50
STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE 08/12/17

08/15/17

147



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2017

MUKUND THAKKAR
673 E NERGE RD
ROSELLE, FL 60172

SUBJECT: ELIXOR GOLD INC
Ref. Number: W17000058024

We have received your document for ELIXOR GOLD INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 917A00014202

COVER LETTER

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

SUBJECT: ELITOR GOLD 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MUKUND THAKKAR (CPA)
Name (Printed or typed)

673 E. NERGE ROAD
Address

ROSELLE IL 60172
City, State & Zip

847 977 0120
Daytime Telephone number

MUKUNDCPA@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)

ARTICLE I NAME

The name of the corporation shall be: ELIXOR GOLD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1665, NW 132nd street
North Miami, FL 33167

Mailing address, if different is:

673, EAST MERGE ROAD
ROSELLE
FL 60172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO TRANSACT ANY OR ALL LAWFUL BUSINESS
FOR WHICH CORPORATION MAY BE
INCORPORATED UNDER FLORIDA BUSINESS
CORPORATION ACT

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KINNARI YORA
PRESIDENT

Address: 73, MONTGOMERY AVENUE
HEMEL HEMPSTEAD
U.K. HP2 4HD

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
17 AUG 14 AM 8:50
CLERK OF DISTRICT COURT
HALL COUNTY FLORIDA

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: SHAWANDA STEMLEY
Address: 1665 NW 132nd Street
North Miami, FL 33167

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SHAWANDA STEMLEY
Address: 1665 NW 132nd Street
North Miami, FL 33167

17 AUG 11, AM 8:50
STATE
TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 8-12-17 (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

Required Signature/Registered Agent

8-12-17

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

8-12-17

Date