

PI8000031095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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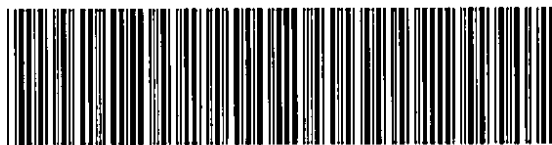
(Business Entity Name)

(Document Number)

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18 APR -5 PM 12:28

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

2018 APR -5 PM 12:49

FILED

COVER LETTER

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

SUBJECT: SHIVAMSK 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 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: MANISH R. PATEL
Name (Printed or typed)

853 EAGLE VIEW DR
Address

TALLAHASSEE FL 32311
City, State & Zip

850 491 5693
Daytime Telephone number

MP71383@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: SHIVAMSK INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

5032 CAPITAL CIR SW
TALLAHASSEE FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAHENDRA KUMAR PATEL (P) Name and Title: SANJAY A PATEL (D)

Address: 853 EAGLE VIEW DR Address: 2573 WINSLOW RIDGE DR
TALLAHASSEE FL 32311 BOFORD GA 30519

Name and Title: HITESH KUMAR M. PATEL (D) Name and Title: KIRTAN KUMAR PATEL (D)

Address: 2642 S FAIRHILL ST Address: 2537 S 5TH ST FL 1
PHILADELPHIA PA 19148 PHILADELPHIA PA 19148

Name and Title: VINAY M. THAKKAR (D) Name and Title: _____

Address: 95 STERN LIGHT DR Address: _____
MT LAUREL NJ 08054

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: MANISH PATEL
Address: 853 EAGLE VIEW DR
TALLAHASSEE FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MAHENDRAKUMAR PATEL
Address: 853 EAGLE VIEW DR
TALLAHASSEE FL 32311


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/01/18 (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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

04-05-18
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

04-05-18
Date