

P18000086594

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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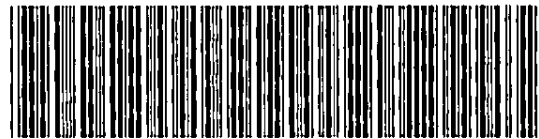
(Business Entity Name)

(Document Number)

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FILED
2018 OCT 18 AM 9:12
SECRETARY
TALLAHASSEE, FL 32309

OCT 22 2018

K. Brumpley

Shree Pramukh Swami, Inc
Kanubhai Patel, President
6500 N. Nebraska Ave
Tampa, FL 33604

October 5, 2018

Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314

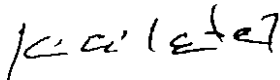
RE: Document #P00000113486
Shree Pramukh Swami, Inc.

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the limited liability corporation, Shree Pramukh Swami, Inc., therefore releasing the name for use to another entity.

If you require any further information in order to process this request, please contact my CPA, Ron Porat, at 6702 N Gunlock Avenue, Tampa, FL 33614. He can be reached via phone at (813)870-0060.

Sincerely,



Kanubhai Patel
President

KP/ic

COVER LETTER

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

SUBJECT: SHREE PRAMUKH SWAMI, 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: KANUBHAI PATEL

Name (Printed or typed)

6500 N. NEBRASKA AVE

Address

TAMPA, FL 33604

City, State & Zip

813-870-0060

Daytime Telephone number

ARU.RENEWAL@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: SHREE PRAMUKH SWAMI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6500 N. NEBRASKA AVE

TAMPA, FL 33604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KOKILABEN K PATEL, PRESIDENT

Address: 6500 N. NEBRASKA AVE
TAMPA, FL 33604

Name and Title:

Address:

Name and Title: KANUBHAI PATEL, VICE PRESIDENT

Address: 6500 N. NEBRASKA AVE
TAMPA, FL 33604

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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2018 OCT 18 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, 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: KOKILABEN K PATEL

Address: 6500 N NEBRASKA AVE

TAMPA, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ARU - TOMICA BEAUCHENE, EA

Address: 6702 GUNLOCK AVE

TAMPA, FL 33614

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

KS, KS - 12
Required Signature/Registered Agent

10/12/18
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.

Tomica Beauchene, EA
Required Signature/Incorporator

10/12/18
Date