

PI8000096394

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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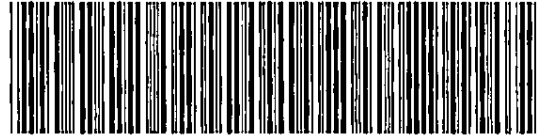
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: SUHARSH 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: RAMA KRISHNA GANGIDI

Name (Printed or typed)

8248 HIGHLGATE DR.

Address

JACKSONVILLE, FL 32216

City, State & Zip

(214)455-2723

Daytime Telephone number

KGANGIDI@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: SUHARSH INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8248 HIGHGATE DR.

JACKSONVILLE, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RENTAL REAL ESTATE COMPANY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMA KRISHNA GANGIDI, VP

Name and Title: GEETHA GANGIDI, PRES.

Address: 8248 HIGHGATE DR.

Address: 8248 HIGHGATE DR.

JACKSONVILLE, FL 32216

JACKSONVILLE, FL 32216

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: RAMA KRISHNA GANGIDI
Address: 8248 HIGHGATE DR.
JACKSONVILLE, FL 32216

ARTICLE VII INCORPORATOR

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

Name: RAMA KRISHNA GANGIDI
Address: 8248 HIGHGATE DR.
JACKSONVILLE, FL 32216

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/17/18. (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.)

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 11/17/18
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 11/17/18
Date