

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AMZAD RACING STABLE INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$78.75 |

B2/27/19

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

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

SUBJECT: AMZAD RACING STABLE 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: AMZADALI JEHALUDI

Name (Printed or typed)

1443 SOUTH WEST 150TH TERRACE

Address

SUNRISE FL 33326

City, State & Zip

954 558-7306

Daytime Telephone number

ajeahaludi2283@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: AMZAD RACING STABLE INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1443 SOUTH WEST 150TH TERRACE
SUNRISE FL 33326

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Horse racing

ARTICLE IV SHARES

The number of shares of stock is: 200 shares with no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMZADALI JEHALUDI -President

Name and Title: _____

Address 1443 SOUTH WEST 150TH TERRACE
SUNRISE FL 33326

Address: _____

Name and Title: AMZADALI JEHALUDI -Director

Name and Title: _____

Address 1443 SOUTH WEST 150TH TERRACE
SUNRISE FL 33326

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
2019 FEB 26 AM 11:22
CLERK OF DISTRICT COURT
JULIA M. SEXTON, CLERK

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: AMZADALI JEHALUDI
Address: 1443 SOUTH WEST 150TH TERRACE
SUNRISE FL 33326

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CARLA J. VINETTI
Address: 111 WASHINGTON AVE., STE 703
ALBANY NY 12210


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


Required Signature/Registered Agent

02/25/2019

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

02/25/19

Date