

P19000036273

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(City/State/Zip/Phone #)

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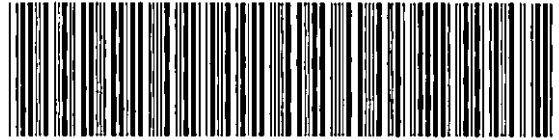
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
ALL AMASSEE, FLORIDA

2019 MAY -2 AM 10:27

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05/02/19--01004--005 **87.50

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 MAY -2 AM 10:19

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COVER LETTER

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

SUBJECT: KARMYA SOFTWARE & SYSTEMS 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: SAMIR KUMAR SHARMA
Name (Printed or typed)

4810, A, ORLEANS COURT
Address

WEST PALM BEACH, FLORIDA 33415
City, State & Zip

71-561-332-0006
Daytime Telephone number

KARMYA_SAC@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: KARMYA SOFTWARE + SYSTEMS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4810, A, ORLEANS COURT
WEST PALM BEACH
FLORIDA - 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE SERVICES FOR
WEB DESIGN, WEB HOSTING, SOFTWARE DEVELOPMENT
CUSTOMISED, COMPUTER REPAIR ONLINE,

ARTICLE IV SHARES

The number of shares of stock is: 100000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMIR KUMAR SHARMA (CEO) Name and Title: _____

Address 4810 APT A, ORLEANS COURT Address: _____
WEST PALM BEACH
FLORIDA 33415

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2019 MAY -2 AM 10:27
CLERK OF DISTRICT COURT
ALLAHABAD

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: SAMIR KUMAR SHARMA
Address: 4810 APT A, ORLEANS COURT
WEST PALM BEACH FLORIDA - 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMIR KUMAR SHARMA
Address: 4810 APT A, ORLEANS COURT
WEST PALM BEACH FLORIDA - 33415

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

Samir 5/2/2019
~~Required Signature/Registered Agent~~ 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.

Samir 5/2/2019
~~Required Signature/Incorporator~~ Date