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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : 120170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

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
AMEERAH CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: AMEERAH CORPORATION
(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: AMEERAH CORPORATION
Name (Printed or typed)

900 N FEDERAL HWY STE 203
Address

HALLDALE, FL 33009
City, State & Zip

Daytime Telephone number

LARISA.AKHTAR@ICLOUD.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 AMEERAH CORPORATION
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
900 N FEDERAL HWY STE 203
HALLANDALE, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE ALL LEGAL BUSINESS AND SERVICES
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARISA AKHTAR - PRESIDENT Name and Title: _____
Address 900 N FEDERAL HWY Address: _____
STE 203 _____
HALLANDALE, FL 33009 _____

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: LARISA AKHTAR
 Address: 900 N FEDERAL HWY STE 203
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: LARISA AKHTAR
 Address: 900 N FEDERAL HWY STE 203
HALLANDALE, FL 33009

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

L. Akhtar _____ 10/21/2019 _____
 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.

L. Akhtar _____ 10/21/2019 _____
 Required Signature/Incorporator Date