

P19000 090 447

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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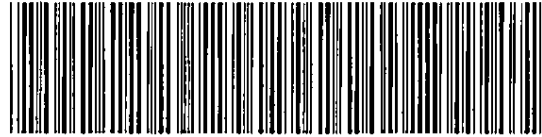
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ST. JOHNS COUNTY
TALLAHASSEE, FLORIDA

D O'KEEFE

DEC 10 2019

COVER LETTER

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

SUBJECT: PADMAJAI 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: NIMISHA N MEHTA
Name (Printed or typed)

1409-S- Adams Street
Address

Tallahassee, Florida - 32301
City, State & Zip

(516) - 528-4385
Daytime Telephone number

n.mehra1203@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: PADMAJAI INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1409 - South Adam Street
Tallahassee, Florida 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For Retail Business.
including Check Cashing, Tobacco, Beer and Groceries.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nimisha mehta Name and Title: _____

Address 1409 S Adam St. Address: _____

Tallahassee, Florida 32301

PRESIDENT

Name and Title: Nilash mehta Name and Title: _____

Address 1409 - S - Adam St. Address: _____

Tallahassee, Florida 32301

Director

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: Nish Mehta

Address: 1409-S-Adam Street
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

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

Name: NIMISHA MEHTA

Address: 1409-S-Adam St.
Tallahassee, FL-32301

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/10/19 (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

Nish Mehta
Required Signature/Registered Agent

12/10/19
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.

Nimisha R. Mehta
Required Signature/Incorporator

Date 12/10/19