

P20000001829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

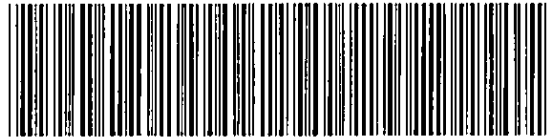
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 JAN -9 AM 10:40

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Brumbley

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RAHMAN BROTHERS INC

Signature

Requested by: Seth

01/09/20

Name

Date

Time

Walk-In

Will Pick Up

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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: RAHMAN BROTHERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
404 S MAIN ST
GAINESVILLE FL 32601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMOMAMMAD RAHMAN Name and Title: _____
PRESIDENT.
Address: 404 S MAIN ST Address: _____
GAINESVILLE FL 32601

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: MOHAMMAD RAHMAN

Address: 404 S MAIN ST.

GAINESVILLE FL 32601

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMAD RAHMAN

Address: 404 S MAIN ST

GAINESVILLE FL 32601

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

M. RAHMAN
Required Signature/Registered Agent

12/18/19
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.

M. RAHMAN
Required Signature/Incorporator

12/18/19
Date

TO WHOM IT MAY CONCERN

Date: December 17, 2019

Dear Sir/Madam

I am the owner of the dissolved entity

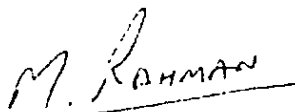
RAHMAN BROTHERS INC

DOCUMENT NUMBER: P12000039205

I have no intention for reinstating the above Corporation.

For any more information please contact me

Thank you.

A handwritten signature in black ink, appearing to read "M. Rahman", written over a horizontal line.

MOHAMMAD RAHMAN

352-284-7211