

P200 0002 1545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

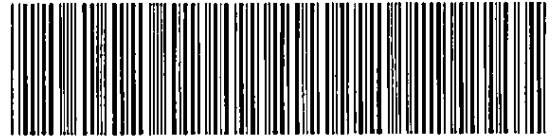
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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20 MAR 12 PM 10:59

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D O'KEEFE

MAR 12 2020

## COVER LETTER

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

SUBJECT: SAIKHEL 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ROBERT WADE SCHEMER  
Name (Printed or typed)

507 CLUBHOUSE CT

Address

JACKSONVILLE, FL 32256

City, State & Zip

(904) 707-3901

Daytime Telephone number

wadeschmer@hotmail.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:

SAIKHEL INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

507 CLUBHOUSE CT  
JACKSONVILLE, FL 32256

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

ROBERT SCHEMER, PRESIDENT

Name and Title:

Address

507 CLUBHOUSE CT  
JACKSONVILLE, FL  
32256

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED IN 12-10-00A

20 MAY 12 PM 10:59

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: ROBERT SCHUMER

Address: 507 CLUBHOUSE CT  
JACKSONVILLE, FL 32256

**ARTICLE VII INCORPORATOR**

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

Name: ROBERT SCHUMER

Address: 507 CLUBHOUSE CT  
JACKSONVILLE, FL 32256

20 MAR 12 PM 10:59  
FIDELITY & SUTHERLAND

**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*

[Signature]  
Required Signature/Registered Agent

3/12/20  
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.*

[Signature]  
Required Signature/Incorporator

3/12/20  
Date