

P2 0000066128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

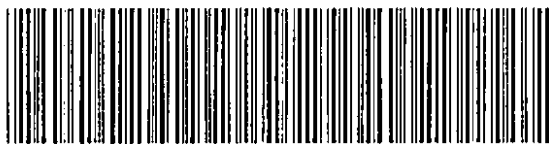
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600351177816

08/27/20 --L1003--011 **78.75

2020 AUG 27 PM 1:42

2020 AUG 27 PM 1:42

2020 AUG 27 PM 1:42

2020 AUG 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

N C

AUG 27

CAPITAL CONNECTION, INC.,

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

Shell's At Gunn Hwy Inc

- ☒ 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 _____

Signature _____

Requested by: SETH

08/26/20

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

COVER LETTER

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

SUBJECT: SHELL'S AT GUNN HAY 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: UMAR FAROOK
Name (Printed or typed)

4222 GUNN HAY
Address

TAMPA FL 33618
City, State & Zip

305-610-5547
Daytime Telephone number

HARSHA.FAS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2020 AUG 27 AM 10:25

ARTICLE I NAME

The name of the corporation shall be: SARIEL'S IT & COMM LLC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address
4222 GUNN HWY
TAMPA FL 33618

Mailing address, if different is:
2320 E LUTHER AVE
TAMPA FL 33612

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All Legal Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: UMAR FAROOQ (P) Name and Title: _____

Address: 2320 E LUTHER AVE Address: _____
TAMPA
FL 33612

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: UMAR FAROOQ
Address: 4222 GUNN Hwy
Tampa FL 33618

ARTICLE VII INCORPORATOR

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

Name: UMAR FAROOQ
Address: 4222 GUNN Hwy
Tampa FL 33618

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:

UMAR FAROOQ
Required Signature/Registered Agent

08/27/2025
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.

UMAR FAROOQ
Required Signature/Incorporator

08/27/2025
Date

2025 AUG 27 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FL

FILED