

P20000090674

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: anamul89@yahoo.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
AMRAN JALAL ENTERPRISE INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

JAL 11/6/10

2009 NOV 23 AM 11:01

2009 NOV 23 AM 9:52

COVER LETTER

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

SUBJECT: AMRAN JALAL ENTERPRISE 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: MD ARIASANUL HAQUE

Name (Printed or typed)

200 SW 67TH TERRACE

Address

PEMBROKE PINES, FL 33023

City, State & Zip

954-688-9702

Daytime Telephone number

anamul89@yahoo.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)

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ARTICLE I NAME

The name of the corporation shall be: AMRAN JALAL ENTERPRISE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

777 N. OCEAN DR

200 SW 67TH TERRACE

HOLLYWOOD, FL 33019

PEMBROKE PINES, FL 33023

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES AT \$1.00 PAR VALUE

FIRST NAME: MD LAST NAME: HAQUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD ARIASANUL HAQUE - PDTS

Name and Title:

Address: 200 SW 67TH TERRACE

Address:

PEMBROKE PINES, FL 33023

Name and Title:

Name and Title:

Address:

Address:

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: MD ARIASANUL HAQUE

Address: 200 SW 67TH TERRACE

PEMBROKE PINES, FL 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MD ARIASANUL HAQUE

Address: 200 SW 67TH TERRACE

PEMBROKE PINES, FL 33023

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


X 

Required Signature/Registered Agent

11/20/2020

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.

X 

Required Signature/Incorporator

11/20/2020

Date