

12/8/2020



Florida Department of State

Division of Corporations
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To:

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

From:

Account Name : AJ ACCOUNTING SERVICES, INC.
Account Number : I20110000092
Phone : (305)448-9584
Fax Number : (305)448-9569

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
SHRI GANESH TRADING INC.**

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

J. FASON

DEC 09 2020

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Shri Ganesh TRADING 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: Mohammed K. Alam
Name (Printed or typed)

1249 W SUNRISE BLVD
Address

FT LAUDERDALE, FL 33311
City, State & Zip

305-448-9584
Daytime Telephone number

jabbourandassociates@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 NAMEThe name of the corporation shall be: Shri Ganesh Trading Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1249 W Sunrise Blvd
Ft. Lauderdale, FL 33311**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: All Lawful Purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Mohammed K. Alam Name and Title: Asim C. RoyAddress: President Address: T1249 W Sunrise Blvd 1249 W Sunrise Blvd
Ft. Lauderdale, FL 33311 Ft. Lauderdale, FL 33311Name and Title: Sudeb K. Saha Name and Title: _____Address: VP Address: _____1249 W Sunrise Blvd
Ft. Lauderdale, FL 33311Name and Title: Amrita L. Mojumder Name and Title: _____Address: S. Address: _____1249 W Sunrise Blvd
Ft. Lauderdale, FL 33311

2020 DEC -8 AM 9:53

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: Mohammed K. Alam
 Address: 1249 W Sunrise Blvd
Ft Lauderdale, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mohammed K. Alam
 Address: 1249 W Sunrise Blvd
Ft. Lauderdale, FL 33311

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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

Mohamed K. Alam 12/8/20
 Required Signature/Registered Agent 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.

Mohamed K. Alam 12/8/20
 Required Signature/Incorporator Date