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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : SORSHER & ASSOCIATES, LLC.
Account Number : I20170000056
Phone : (954)842-2931
Fax Number : (954)842-2936

****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
SHAMS GLOBAL, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

FEB 11 2021

T. SCOTT

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 FEB 10 AM 8:32

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COVER LETTER

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

SUBJECT: SHAMS GLOBAL, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SHAMSHIDDIN AMONOV
Name (Printed or typed)

6476 DIPLOMAT LN, APT 205
Address

MELBOURNE, FL 32940
City, State & Zip

(484)547-8255
Daytime Telephone number

AMONOVSHAMSI@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: SHAMS GLOBAL, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

6476 DIPLOMAT LN, APT 2056476 DIPLOMAT LN, APT 205MELBOURNE, FL 32940MELBOURNE, FL 32940**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: AMONOV, SHAMSHIDDIN - P

Name and Title: _____

Address 6476 DIPLOMAT LN, APT 205

Address: _____

MELBOURNE, FL 32940

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 FEB 10 AM 8:34
 TALLAHASSEE, FL 32301
 SORSHER & ASSOCIATES

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: AMONOV, SHAMSHIDDIN
Address: 6476 DIPLOMAT LN, APT 205
MELBOURNE, FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMONOV, SHAMSHIDDIN
Address: 6476 DIPLOMAT LN, APT 205
MELBOURNE, FL 32940

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

Shamshiddin Amonov 02/09/2021
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.

Shamshiddin Amonov 02/09/2021
Required Signature/Incorporator Date