

P21000014356

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: AKRAM, AFSAM@GMAIL.COM

J. FASON

FEB 17 2021

**FLORIDA PROFIT/NON PROFIT CORPORATION
MAMTAJ TRADING INC**

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

2021 FEB 16 AM 8:47

2021 FEB 16 PM 1:2

COVER LETTER

H21000064373

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

SUBJECT: MAMTAJ 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: HABIBUNNESSA HOSSAIN

Name (Printed or typed)

1180 SW RIO VISTA WAY

Address

PALM CITY, FL 34990

City, State & Zip

772-924-6474

Daytime Telephone number

AKRAM.AFSAM@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)

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ARTICLE I NAME

The name of the corporation shall be: MAMTAJ TRADING INC

11210000643173

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3306 ORANGE AVE

1180 SW RIO VISTA WAY

FORT PIERCE, FL 34945

PALM CITY, FL 34990

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HABIBUNNESSA HOSSAIN - PDTS

Name and Title:

Address: 1180 SW RIO VISTA WAY

Address:

PALM CITY, FL 34990

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: HABIBUNNESSA HOSSAIN

Address: 1180 SW RIO VISTA WAY

PALM CITY, FL 34990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HABIBUNNESSA HOSSAIN

Address: 1180 SW RIO VISTA WAY

PALM CITY, FL 34990

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

H. Hossain

Required Signature/Registered Agent

02/15/2021

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.

H. Hossain

Required Signature/Incorporator

02/15/2021

Date

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