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CAPITAL CONNECTION, INC.

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

SEBRING WINE AND LIQUOR INC

Signature _____

Requested by: SETH

04/09/21

Name

Date

Time

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
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COVER LETTER

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

SUBJECT: NEW CORPORATION

(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: SUSHEEL NALAKATH

Name (Printed or typed)

9077 NW 44TH CT

Address

CORAL SPRINGS FL 33065

City, State & Zip

954-494-5764

Daytime Telephone number

sk.nalakath@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)

LED

ARTICLE I NAME

The name of the corporation shall be: SEBRING WINE AND LIQUOR INC

2021 APR 12 AM 10:03

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

9077 NW 44TH CT CORAL SPRINGS FL 33065

SECRETARY OF STATE
MAILING ADDRESS, IF DIFFERENT, IS
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LIQUOR STORE PACKAGE SALE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUSHEEL NALAKATH, PRESIDENT

Address: 9077 NW 44TH CT CORAL SPRINGS
FL 33065

Name and Title: AJESH BALANANDAN, VP

Address: 9077 NW 44TH CT
CORAL SPRINGS FL 33065

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

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: SUSHEEL NALAKATH
Address: 9077 NW 44TH CT CORAL SPRINGS
FL 33065

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TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: SUSHEEL NALAKATH
Address: 9077 NW 44TH CT CORAL SPRINGS
FL 33065


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


Required Signature/Registered Agent

04/12/2021
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.


Required Signature/Incorporator

04/12/2021
Date