

P21000152937101

Florida Department of State
Division of Corporations
Overseas

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4/19/21

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
ARNAB INC**

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

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COVER LETTER

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

SUBJECT: Arnab 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: Abu Thub Hoque
Name (Printed or typed)

13700 NW 7 Ave
Address

Miami FL 33108
City, State & Zip

305 448 9584
Daytime Telephone number

Jabbarandassociates@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: Arnab Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

13700 NW 7 Ave
Miami FL 3316813700 NW 7 Ave
Miami FL 33168**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: Abu Tyro Hoque, PD Name and Title: _____Address: 13700 NW 7th Ave Address: _____
Miami FL 33168Name and Title: Syed Mostafa Kamal Name and Title: _____
VPDAddress: 13700 NW 7th Ave Address: _____
Miami FL 33168Name and Title: KONOK K DAS VPD Name and Title: _____Address: 13700 NW 7th Ave Address: _____
Miami FL 33168

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Abu Tyub Hoque
Address: 13700 NW 7th Ave
Miami FL 33168

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Abu Tyub Hoque
Address: 13700 NW 7th Ave
Miami, FL 33168

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

Abu Tyub Hoque
Required Signature/Registered Agent

4/16/21
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.

Abu Tyub Hoque
Required Signature/Incorporator

4/16/21
Date