

6/21/2021

Division of Corporations
 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 : VCORP SERVICES, LLC
Account Number : I20080000067
Phone : (845)425-0077
Fax Number : (845)818-3588

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
Chaya Pari Incorporated

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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Corporate Filing Menu

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JUN 23 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Chaya Pari Incorporated
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
50 Biscayne Blvd # 701 _____ 50 Biscayne Blvd # 701 _____
Miami, FL 33132 _____ Miami, FL 33132 _____

ARTICLE III PURPOSE HOLDING COMPANY
The purpose for which the corporation is organized is: _____

21 JUN 22 PH 12:43
FILED
SHERIFF OF MIAMI-Dade COUNTY
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shahram Zarnighian, President Name and Title: _____
Address: 50 Biscayne Blvd # 701 Address: _____
Miami, FL 33132 _____

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

Name and Title: _____ Name and Title: _____
Address: _____ 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: Vcorp Services, LLC

Address: 5011 South State Road 7, Suite 106

Davie, FL 33314
_____SEARCHED
INDEXED
MAILED
TALLAHASSEE, FLORIDA

FILED

21 JUN 22 PM 12:43

ARTICLE VII INCORPORATORThe name and address of the incorporator isName: Raeesa Ibrahim

Address: 35 Robert Pitt Drive, Suite 204

Monsey, NY 10552
_____**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 business days prior or 90 business 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	Mimi Sanik	06/21/2021
		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		06/21/2021
		Date