

6/21/2021

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P2100058721**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000243287 3)))



H210002432873ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : Vcorp SERVICES, LLC  
Account Number : 120080000067  
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

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

JUN 23 2021

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

**ARTICLE I NAME**

The name of the corporation shall be: Chaya Pari Incorporated

**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**

The purpose for which the corporation is organized is: HOLDING COMPANY

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Shahram Zamighian, 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:

FILED  
21 JUN 22 PM 12:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

FILED  
 21 JUN 22 PM 12:43  
 TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name: Raeesa Ibrahim  
 Address: 25 Robert Pitt Drive, Suite 204  
Monsey, NY 10952

**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*

\_\_\_\_\_  
 Mimi Sanik  
 Required Signature/Registered Agent  
 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