

P21000089331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



☒ PICK-UP

☐ WAIT

☐ MAIL

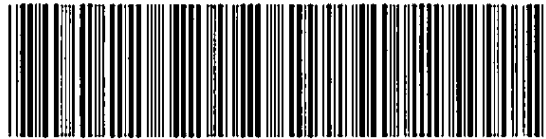
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/14/21--01002--004 **87.50

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2021 OCT 13 PM 2:42
RECEIVED
2021 OCT 13 PM 4:20
FALL MASSACHUSETTS
CLERK OF COURT
JANUARY 1, 2021
DP

COVER LETTER

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

SUBJECT: OM AMBE 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: Shimal Patel
Name (Printed or typed)

5847 Dahlgren Trl
Address

Tallahassee FL 32312
City, State & Zip

215-450-5916
Daytime Telephone number

PatelShim@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 NAME

The name of the corporation shall be: OM AMBE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5847 Dahlgren Trl
Tallahassee, FL 32312

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Convenient Store

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shimal Patel (p) Name and Title: _____

Address: 1064 Piney Z Plantation Address: _____
Tallahassee, FL Road
32311

Name and Title: Lalita Khilnani (VP) Name and Title: _____

Address: 5847 Dahlgren Trl Address: _____
Tallahassee, FL 32312

Name and Title: Pratika Shah (S) Name and Title: _____

Address: 5825 Dahlgren Trl Address: _____
Tallahassee, FL 32312

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TALLAHASSEE, FL

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: Shimal Patel

Address: 1064 Piney 2 plantation Rd
Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chirag Khilnani

Address: 5847 Dahlgren Ter
Tallahassee, FL 32312

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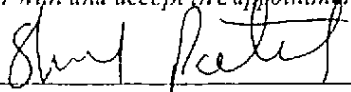
ARTICLE VIII EFFECTIVE DATE:

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

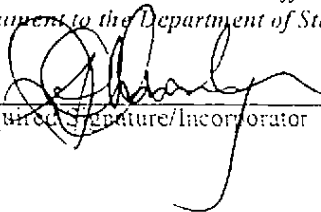


Required Signature/Registered Agent

10/13/2021

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

Date 10/13/2021