

P220000 12962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

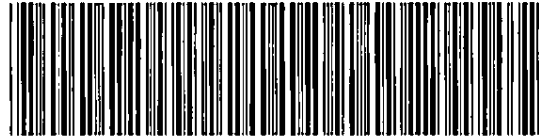
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 FEB 21 PM 5:04

CLERK OF CIR.
TALLAHASSEE, FL 32301

FILED

2022 FEB 21 PM 4:52

CLERK OF CIR.
TALLAHASSEE, FL 32301

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$70.00

AUTHORIZATION SIGNATURE: *[Signature]*

KHAN BABBA INC.

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **X** CORP

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ **Dissolution/Withdrawal**

☐ Merger

☐ Conversion

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Statement of Revocation of Dissolution

☐ Other

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2022 FEB 21 PM 5:03
TALLAHASSEE, FL 0817

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: KHAN BABBA 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: IMTIAZ AHMAD MOHAMMAD
Name (Printed or typed)

19058 SW 17 CT
Address

MIRAMAR, FL 33029.
City, State & Zip

786-486-9665
Daytime Telephone number

BCS USA @ Hot mail. 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: KHAN BABBA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1755 N. UNIVERSITY DR,
PLANTATION, FL 33322.

Mailing address, if different is:

19058 SW 17 CT
MIRAMAR, FL 33029.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fast Food Restaurant

ARTICLE IV SHARES

The number of shares of stock is: 100/E

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IMTIAZ AHMAD Name and Title: _____

Address: MOHAMMAD Address: _____
PRESIDENT

19058 SW 17 CT
MIRAMAR, FL 33029.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
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: IMTIAZ AHMAD MOHAMMAD
Address: 1755 N. UNIVERSITY
DR, PLANTATION, FL 33322.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IMTIAZ AHMAD MOHAMMAD
Address: 1755 N. UNIVERSITY DR,
PLANTATION, FL 33322.

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
02/21/22.
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
02/21/22.
Date