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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FLORIDA ENTREPRENEUR LAW, P.A.
Account Number : I20190000063
Phone :
Fax Number (954)882-4119 :
(954)400-5096

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

Email Address: _khalidsalahuddin@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
INDUS PHARMA CONSULTING, CORP.

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: INDUS PHARMA CONSULTING, CORP.(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED**FROM:** Michelle K. Suarez, Esq.

Name (Printed or typed)

101 NE 3rd Ave., Suite 1500

Address

Fort Lauderdale, FL 33301

City, State & Zip

(954)882-4119

Daytime Telephone number

khalidsalahuddin@hotmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: INDUS PHARMA CONSULTING, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2805 E. Oakland Park Blvd., #102Fort Lauderdale, FL 33306**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful business purpose.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Khalid Salahuddin, PresidentName and Title: Khalid Salahuddin, DirectorAddress 2805 E. Oakland Park Blvd., #102Address: 2805 E. Oakland Park Blvd., #102Fort Lauderdale, FL 33306Fort Lauderdale, FL 33306

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: Florida Entrepreneur Law, P.A.

Address: 101 NE 3rd Ave., Suite 1500

Fort Lauderdale, FL 33301

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Khalid Salahuddin

Address: 2805 E. Oakland Park Blvd., #102

Fort Lauderdale, FL 33306

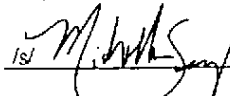
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/21/2022 (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

/s/  (Michelle K. Suarez, signing on behalf of Florida Entrepreneur Law) 02/21/2022

Required Signature/Registered Agent 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.

/s/ Khalid Salahuddin (electronically signed) 02/21/2022

Required Signature/Incorporator Date