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PICK-UP WAIT MAIL

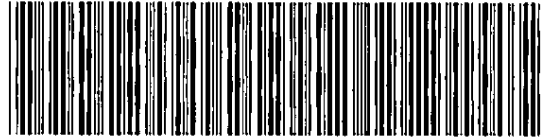
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DATE: 06/08/22

NAME: GOWTHAM GROUP USA, INC.

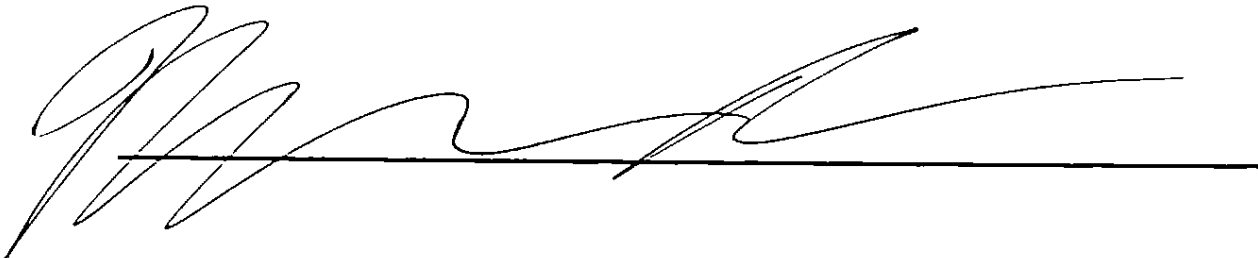
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COVER LETTER

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

SUBJECT: GOWTHAM GROUP USA, 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: MARLY MAGALHAES
Name (Printed or typed)
830 NW 156 AVE
Address
PEMBROKE PINES, FL 33028
City, State & Zip
(954) 673-1974
Daytime Telephone number
MARLY.RMAGALHAES@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: GOWTHAM GROUP USA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2427 ASPINWALL ST Mailing address, if different is: _____
SARASOTA, FL 34237-5108 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF GOWTHAM GROUP USA, INC IS TO OPERATE AND CONDUCT ALL BUSINESS ACTIVITIES LEGALLY PERMITTED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PAUL RIPOTHU GOWTHAM - PRESIDENT</u>	Name and Title:	_____
Address	<u>2427 ASPINWALL STREET</u>	Address:	_____
	<u>SARASOTA, FL 34237-5018</u>		_____
	_____		_____

Name and Title:	<u>SUSAN PATRICIA GREENFIELD - SECRETARY</u>	Name and Title:	_____
Address	<u>2427 ASPINWALL STREET</u>	Address:	_____
	<u>SARASOTA, FL 34237-5108</u>		_____
	_____		_____

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

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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: MARLY MAGALHAES

Address: 830 NW 156 AVE

PEMBROKE PINES, FL 33078

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SUSAN PATRICIA GREENFIELD

Address: 2427 ASPINWALL ST

SARASOTA, FL 34237-5108

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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 06/08/2022
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.

[Signature]

Required Signature/Incorporator 06/08/2022
Date