

P22000058560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

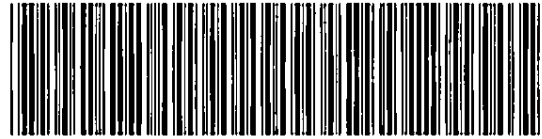
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/25/22--01009--001 **55.00

07/20/22--01004--038 **35.00

S. CHATHAM

JUL 25 2022

RECEIVED
2022 JUL 20 PM 2:32
ALLAHASSEE, FLOR.

22 JUL 22 PM 1:00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2022

CAPITAL CONNECTION, INC.

SUBJECT: HNSS OF MLK INC
Ref. Number: W22000095318

22 JUL 22 PM 1:55

We have received your document for HNSS OF MLK INC and check(s) totaling \$35.00 of which \$35.00 has been designated to file this document. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is an additional amount of \$35.00 due. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

If you have any further questions concerning your document, please call (850) 245-6052.

Summer Chatham
Regulatory Specialist II
New Filing Section

Letter Number: 822A00016255

RECEIVED

2022 JUL 22 PM 2:28

NOT RECORDED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

HNSS OF MLK INC

Signature _____

Requested by: SETH

07//22

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

22 JUL 22 PM 1:05

COVER LETTER

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

SUBJECT: HNSS OF MCK 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: NIZAR GURANI
Name (Printed or typed)

702 W. DE MARTIN LOTHER KING JR Pkwy
Address

Tampa FL 33603
City, State & Zip

813-318-2117
Daytime Telephone number

NIZAR - GURANI @ /HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

22 JUL 22 PM 1:05

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: HNS OF MCK INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>702 W. DR. MARTIN LUTHER KING JR BLVD</u> <u>TAMPA FL 33603</u>	Mailing address, if different is: <u>702 W. DR. MARTIN LUTHER KING JR BLVD</u> <u>TAMPA FL 33603</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>SULTAN JIWANI (P)</u>	Name and Title: _____
Address: <u>702 W. DR. MARTIN LUTHER KING JR BLVD</u> <u>TAMPA FL 33603</u>	Address: _____

Name and Title: <u>NIZAT BILALJI (I.P)</u>	Name and Title: _____
Address: <u>702 W. DR. MARTIN LUTHER KING JR BLVD</u> <u>TAMPA FL 33603</u>	Address: _____

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

22 JUL 22 PM 1:06

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: NIZAR GILANI
Address: 702 W DR. MARTIN LUTHER KING JR BLVD
Tampa FL 33603

ARTICLE VII INCORPORATOR

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

Name: NIZAR GILANI
Address: 702 W DR. MARTIN LUTHER KING JR BLVD
Tampa FL 33603

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

Nizar Gilani 07-20-2024
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.

Nizar Gilani 07-20-2024
Required Signature/Incorporator Date

22 JUL 22 PM 1:11