

P2200004022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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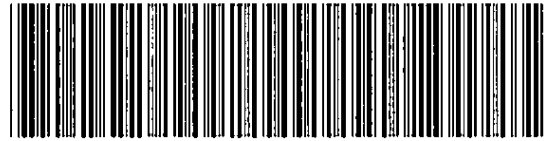
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHABAD, INDIA

COVER LETTER

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

SUBJECT: Go Green Restaurant Group 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

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

ADDITIONAL COPY REQUIRED

FROM: MD Anisur Rahman

Name (Printed or typed)

8039 Sw 20th Court

Address

Davie, FL 33324

City, State & Zip

954 627 2471

Daytime Telephone number

gogreenrestaurantgroupinc@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: Go Green Restaurant Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1320 N University Dr.

Pembroke Pines, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Restuarant Corporation lawfully conducting
business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD Anisur Rahman, President

Name and Title: _____

Address 8039 SW 20th CT

Address: _____

Davie, FL. 33324

Name and Title: Mohammed Alamgir Chowdhury,
Vice President

Name and Title: _____

Address 496 NW 165th St

Address: _____

Apt D216

Miami, FL. 33169

Name and Title: Nasir Uddin, Secretary

Name and Title: _____

Address 6201 SW 39 CT

Address: _____

Davie, FL. 33314

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CLERK OF THE STATE

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: MD Anisur Rahman
Address: 8039 SW 20th CT
Davie, FL. 33324

ARTICLE VII INCORPORATOR

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

Name: MD Anisur Rahman
Address: 8039 SW 20th CT
Davie, FL. 33324

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/29/2022 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after 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

Anisur

Required Signature/Registered Agent

08/01/2022

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.