

P23000011136

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000135
Phone : (786)239-9353
Fax Number : (305)675-8465

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION SAHA GROUP CORP

Certificate of Status	1
Certified Copy	1
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2023-02-10 PM 2:39

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COVER LETTER

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

SUBJECT: SAHA GROUP 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: SAHA GROUP CORP
 Name (Printed or typed)

11301 NW 27TH AVE
 Address

MIAMI, FL 33167
 City, State & Zip

786-239-9353
 Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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 SAHA GROUP CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

11301 NW 27TH AVE

11301 NW 27TH AVE

MIAMI, FL 33167

MIAMI, FL 33167

ARTICLE III PURPOSE

The purpose for which the corporation is organized is ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KHANDAKER M. SAMIN, PD

Name and Title: HASAN SYED, VP

Address: 11301 NW 27TH AVE

Address: 11301 NW 27TH AVE

MIAMI, FL 33167

MIAMI, FL 33167

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title, _____	Name and Title _____
Address _____	Address _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is

Name KHANDAKER M. SAMIN

Address 11301 NW 27TH AVE

MIAMI, FL 33167

ARTICLE VII INCORPORATORThe name and address of the Incorporator is

Name KHANDAKER M. SAMIN

Address 11301 NW 27TH AVE

MIAMI, FL 33167

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.*If having been named as registered agent to accept service of process for the above state 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**Khandaker M. Samin*_____
Required Signature/Registered Agent02/10/2023_____
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.**Khandaker M. Samin*_____
Required Signature/Incorporator02/10/2023_____
Date