

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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H230001136643ABC

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To:

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

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC
 Account Number : 120220000138
 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.

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FLORIDA DEPARTMENT OF STATE
 TALLAHASSEE, FL

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FLORIDA PROFIT/NON PROFIT CORPORATION ZAMAN INVESTMENT INC

Certificate of Status	1
Certified Copy	1
Page Count	04
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COVER LETTER

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

SUBJECT: ZAMAN INVESTMENT 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: ZAMAN INVESTMENT INC
 Name (Printed or typed)

7154 NOB HILL RD

Address

TAMARAC, FL 33321

City, State & Zip

305-400-8312

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM

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

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 TALLAHASSEE, FL

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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 NAMEThe name of the corporation shall be: ZAMAN INVESTMENT INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7154 NOB HILL RD7154 NOB HILL RDTAMARAC, FL 33321TAMARAC, FL 33321**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: MD BADRUZZAMAN, PDName and Title: FAISAL AHMED, VPAddress: 7154 NOB HILL RDAddress: 7154 NOB HILL RDTAMARAC, FL 33321TAMARAC, FL 33321

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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 FLORIDA
 STATE

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: MD BADRUZZAMAN

Address: 7154 NOB HILL RD

TAMARAC, FL 33321

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MD BADRUZZAMAN

Address: 7154 NOB HILL RD

TAMARAC, FL 33321

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:*

MD Badruzzaman 03/25/2023

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.

MD Badruzzaman 03/25/2023

Required Signature/Incorporator Date

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