

P23000023153

(Requestor's Name) \_\_\_\_\_

(Address) \_\_\_\_\_

(Address) \_\_\_\_\_

(City/State/Zip/Phone #) \_\_\_\_\_

PICK-UP     WAIT     MAIL

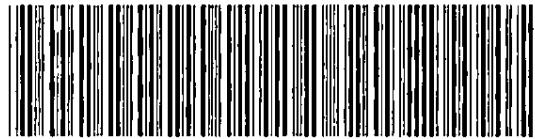
(Business Entity Name) \_\_\_\_\_

(Document Number) \_\_\_\_\_

Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

1 Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
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**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** CAT 3/28

**CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**CUS** \_\_\_\_\_

**FILING** INC \_\_\_\_\_

**1. SANDHU BUSINESS VENTURES INC.**

(CORPORATE NAME AND DOCUMENT #)

**2. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**3. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**4. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**5. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**6. \_\_\_\_\_**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_

## 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:

## SANDHU BUSINESS VENTURES INC.

## ARTICLE II. PRINCIPAL OFFICE

Principal street address

15228 Shagan Gold Drive, Winter Garden, FL 34787

Mailing address, if different is:

SAME

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

### Any legal business activity

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SECURITY STATE  
TAKAHASHI

#### ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Amritpal K. Sandhu/ President/Secretary/Director

Surjit S. Sandhu / Treasurer/Director

### Address

15228 Shonan Gold Drive  
Winter Garden, FL 34787

### Address:

15228 Shonan Gold Drive  
Winter Garden, FL 34787

Name and Title: \_\_\_\_\_

### Address

Address:

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

### Address

**Address:**

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: Registered Agent Solutions, Inc.  
Address: 155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Adam Saldana  
Address: 5301 Southwest Pkwy., Suite 400  
Austin, TX 78735

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TALLAHASSEE, FLA.

**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*

Jaclyn Wright

Jaclyn Wright, Asst. Secretary

03/28/2023

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.*

Adam Saldana

Adam Saldana, Asst. Secretary

03/28/2023

Required Signature/Incorporator

Date