

P23000023153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

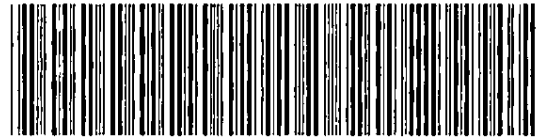
(Business Entity Name)

(Document Number)

: Copies _____ Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



400405483374

S. CHATHAM
MAR 29 2023

FILED
2023 MAR 28 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FL
03/29/23--01001--007 **70.00

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2023 MAR 28 PM 2:23
TALLAHASSEE, FLORIDA
DIV. OF

**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** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **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 Shonan 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

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Amritpal K. Sandhu / President/Secretary/Director

Address: 15228 Shonan Gold Drive
Winter Garden, FL 34787

Name and Title: Surjit S. Sandhu / Treasurer/Director

Address: 15228 Shonan Gold Drive
Winter Garden, FL 34787

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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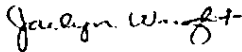
ARTICLE VIII EFFECTIVE DATE:

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, 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, Asst. Secretary

03/28/2023

Required Signature/Incorporator

Date