

P23000023210

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
US DIAKA CORPORATION**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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3/29/2023 10:57:18 AM PAGE 1/001 Fax Server



March 29, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS BUSINESS & TAX SERVICES INC

SUBJECT: US DHAKA CORPORATION

REF: W23000042262

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
OPS Clerk

FAX Aud. #: H23000116929
Letter Number: 623A00007189

COVER LETTER

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

SUBJECT: US DHAKA CORPORATION
 (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

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MD MANIR
 Name (Printed or typed)

3585 CHENEY HWY
 Address

TITUSVILLE, FL 32780
 City, State & Zip

786-830-8924
 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 NAMEThe name of the corporation shall be: US DHAKA CORPORATION**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3585 CHENEY HWY3585 CHENEY HWYTITUSVILLE, FL 32780TITUSVILLE, FL 32780**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 MANIR, PDName and Title: MD SYFUL ISLAM, VPAddress: 3585 CHENEY HWYAddress: 3585 CHENEY HWYTITUSVILLE, FL 32780TITUSVILLE, FL 32780Name and Title: AKASH BHATTACHARJA, S

Name and Title: _____

Address: 3585 CHENEY HWY

Address: _____

TITUSVILLE, FL 32780

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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2023 MAR 29 PM 12:27
CLERK OF
CITY OF
TALLAHASSEE, FL 32301

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 MANIR

Address: 3585 CHENEY HWY

TITUSVILLE, FL 32780

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MD MANIR

Address: 3585 CHENEY HWY

TITUSVILLE, FL 32780

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 Manir*_____
Required Signature/Registered Agent

03/28/2023

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.**Md Manir*_____
Required Signature/Incorporator

03/28/2023

Date