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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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
SHADMAN ENTERPRISE INC

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

2023 3 29 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

23 MAR 29 PM 12: 35

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COVER LETTER

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

SUBJECT: SHADMAN ENTERPRISE 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MOHAMMED ALAMGIR
Name (Printed or typed)

1321 NE 23RD AVE

Address

POMPANO BEACH, FL 33062

City, State & Zip

305-400-8312

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.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: SHADMAN ENTERPRISE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1321 NE 23RD AVE1321 NE 23RD AVEPOMPANO BEACH, FL 33062POMPANO BEACH, FL 33062**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: MOHAMMED ALAMGIR, PD

Name and Title: _____

Address 1321 NE 23RD AVE

Address: _____

POMPANO BEACH, FL 33062

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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23 MAR 29 PM 12:35
CLERK OF CIRCUIT COURT
HALL COUNTY, FLORIDA

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: MOHAMMED ALAMGIRAddress: 1321 NE 23RD AVEPOMPANO BEACH, FL 33062**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: MOHAMMED ALAMGIRAddress: 1321 NE 23RD AVEPOMPANO BEACH, FL 33062**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

Mohammed Alamgir

Required Signature Registered Agent

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.

Mohammed Alamgir

Required Signature/Incorporator

03/29/2023

03/29/2023

Date

FILED
23 MAR 29 PM 12:35
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA