

P230000 36471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

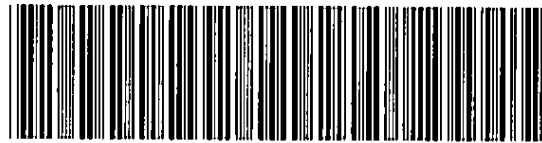
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05 MAY 2023 10:05:00 +157.00



FLORIDA
DEPARTMENT OF BANKING AND FINANCE

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2023 MAY -9 PM 4:33

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COVER LETTER

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

SUBJECT: ARYAN Entertainment 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: MEHUL DANT
Name (Printed or typed)

5319 SW 19th Ave
Address

OCALA FL 34474
City, State & Zip

305-984-1182
Daytime Telephone number

Danisp@B.B.A.R.C@gmail.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 NAME

The name of the corporation shall be: ARYAN ENTERTAINMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
5319 S.W. 49TH AVE
OCALA FL 34474

Mailing address, if different is:

SAME AS

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for Entertainment Co

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEHUL DANI Name and Title: _____

Address 5319 S.W. 49TH AVE Address: _____
OCALA FL 34474
President

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

2023 MAR -9 PM 4:57

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: MEHUL DANI

Address: 5319 S.W. 49th Ave
Ocala FL 34474.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MEHUL DANI

Address: 5319 S.W. 49th Ave
Ocala FL 34474.

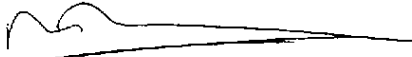
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/08/2023. (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.

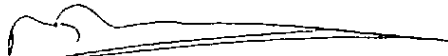
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

05/08/23.
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.



Required Signature/Incorporator

Date

5/5/23.

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ED