

P2300 00 364 72

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

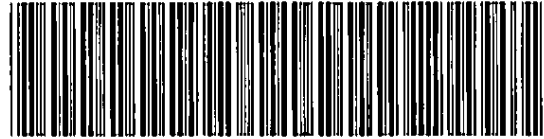
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/2023 10:05:00 **157.00



FLORIDA DEPARTMENT OF
BANKING AND FINANCE

2023 MAY -9 PM 4: 08 PM 4: 58

RECEIVED

COVER LETTER

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

SUBJECT: EXCElCom inFotech 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 Dani
Name (Printed or typed)

5319 SW 49th Ave
Address

Ocala FL 34474
City, State & Zip

305-989-1186
Daytime Telephone number

Danisports Bar @ 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: Excel Com info Tech. Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5319 SW 49th Ave
Ocala, FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Tele com online

ARTICLE IV SHARES

The number of shares of stock is: 10⁶

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MEHUL Dani Name and Title: _____

Address: 5319 SW 49th Ave Address: _____
Ocala, FL, 34474.
President

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2023:1

10

PM

4:57

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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 SW 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: 5/8/23 (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

5/8/23
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

5/8/23
Date

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11:30:10
=L