

P23000037723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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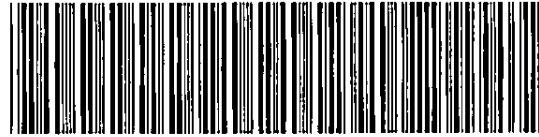
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. CHATHAM  
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## COVER LETTER

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

SUBJECT: CHALANT MANAGEMENT HOLDINGS 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

FROM: ADAM RAMGEET  
Name (Printed or typed)

2483 NUGGET LANE  
Address

TALLAHASSEE FL 32303  
City, State & Zip

(786) 514-8114  
Daytime Telephone number

adam.ramgeet@yahoo.com / adam.ramgeet@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: CHALANT MANAGEMENT HOLDINGS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2483 NUGGET LANE  
TALLAHASSEE FL 32303

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO SERVE AS A PRIVATE HOLDING COMPANY  
OVERSEEING A RANGE OF LEGAL BUSINESS ACTIVITIES ACROSS  
VARIOUS INDUSTRIES INCLUDING BUT NOT LIMITED TOO: EDUCATION,  
MANAGEMENT, MARKETING CONSULTATION, REAL ESTATE, ENTERTAINMENT,  
HOSPITALITY AND TECHNOLOGY

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ADAM RAMGEE (PRESIDENT/CEO)

Name and Title: \_\_\_\_\_

Address 2483 NUGGET LANE  
TALLAHASSEE FL 32303

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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SECRET  
FILE

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: ADAM RAMBEET

Address: 2483 NUGGET LANE

TALLAHASSEE FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADAM RAMBEET

Address: 2483 NUGGET LANE

TALLAHASSEE FL 32303

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TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE

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*

[Signature]  
Required Signature/Registered Agent

5/12/23  
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.*

[Signature]  
Required Signature/Incorporator

5/12/23  
Date