(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:				
a poster were assured to 7 miles and 500				

Office Use Only



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S. CHATHAM

2023 JUL 21 PH 12: 02 2023 JUL 21 PM 2: 3

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Farzana 23 Inc	-1
Please Debit FCA000000003 For: 70	_
Thank you Seth Neeley	
1	-
Atta/	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Pate Inic	UCC Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

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

SUBJECT: Farzana 23 Inc					
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:				
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status				
	ADDITIONAL COPY REQUIRED				
FROM: Herman Singh & Associates Inc Name (Printed or typed)					
600 Rinehart Road S	TE 2008				
Lake Mary, FL 3274	6 State & Zip				
407 831 1399 Daytime To	elephone number				
hsa.taxes@gmail.cor	n 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	<u>NAME</u> Farzana 23 Inc		
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
Milelen	Principal street address	Mailing ad	Idress, if different is:
	2269 Hwy 27 E	.viaining ac	idiess, ii different is.
	Perry, FL 32347		
ADDIOLD III	RUDBOOD		
The purpose for			
Any and all	which the corporation is organized is: lawfull business		
ARTICLE IV	SHARES pares of stock is: 1000		
The number of sh	nares of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	TORS	
Name and	Title: Rabeya Rahim, P	Name and Title: Shakil	Ahammad, VP
Address:	2269 HWV.27 E	Address: 2269 l	Hwv 27 E
	Perry, Florida 32347	Perry,	Florida 32347
Name and	Title: Mobi Llddin, MD	Name and Title	
Address:	Title: Mohi Uddin, VP 2269 Hwy 27 E	Address:	
	Perry, Florida 32347		
5.5	rest. 1		33
Name and Address:	Title:		
Address.		Address:	
			
	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptal	ole) of the registered agent is:	
Name: Address:	Rabeya Rahim		- 12
Address.	2269 Hwy 27 E Perry, Florida 32347		02
	.ren y, 1 10110a.3234.r.		• • • • • • • • • • • • • • • • • • • •
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	Rabeya Rahim	<u></u>	
Address:	2269 Hwy 27 E Perry, Florida 32347		
	Perry, Florida 32347		
Having been nai	med as registered agent to accept service of p	process for the above stated corpo	ration at the place designated is
this certificate, I	am familiar with and accept the appointment	us registered agent and agree to ac	ct in this capacity
	Rabeya Rahim		1.4.20, 2022
	•		Jul 20, 2023
	Required Signature/Registered Agen	ıt .	Date
I suhmit this do	cument and affirm that the facts stated herei	in are true I am muces that the	falso information submitted in
	cument and affirm that the facts stated herei Department of State constitutes a third degree		
		garage marger or remain for the desire field.	v i · · · · ·
	Rabeya Rahim		Jul 20, 2023
	Required Signature/Incorporator		Date