P 23000055657

(Requestor's Name)
(Address)
(Address)
(City/Chaha Zin/Dhana 40
(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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CAPITAL CONNECTION, INC.

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

SRUTHIMELAN	M OF SOUTH FLORIDA	INC
Please Debit FCA	1000000003 For: 70	
Thank you Seth N	Neeley	
1-4-5		
		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
4		Fictitious Search
Signature		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: seth		UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC II 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: SRUTHIMELAM OF SOUTH FLORIDA INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of t	he articles of incorporation and a check for:
□ \$70.00 □ \$78.75 Filing Fee Filing Fee & Certificate of Status	☐ \$78.75 ☐ \$87.50 Filing Fee Filing Fee. & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
Coral Sparr Coral Sparr 954-	Name (Printed or typed) JW 44 CT Address DS FL 33065 City, State & Zip 494-57-64 ime Telephone number ath @ gmail: (om. c 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)

			SOUTH FLORIDA '
TICLE II PRINCI	PAL OFFICE Principal <u>street</u> address	;	Mailing address, if different is:
077 NW			·
	mas FL-33065		
rict C III - Brebba	er.	a costa	Ctromenzs Sand
A .			
J			
		<u>-</u>	
Name and Title	Sushee Nodakath Pre		
Name and Title	Susheel Nodakath Pre	Address:	12586 SW 9MPL
Name and Title	Susheel Nodakath Pre 9077 NW 44th CT Coral Springs	Address:	
Name and Title	Susheel Nodakath Pre	Address:	12586 SW 9MPL
Name and Title:	Susheel Nadakath Pre 9077 NW 44th CT Ceral Springs FL-33065	Address:	12586 SW 9MPL
Name and Title:	Susheel Nadakath Pre 9077 NW 44th CT Ceral Springs FL-33065	Address: Name and Title:	12586 SW 977 PL Davie FL-33325
Name and Title: Address Name and Title:	Susheel Nodakath Pre 9077 NW 44th CT Coral springs FL-33065	Address: Name and Title: Address:	12586 SW 977 PL Dowie FL-33325
Name and Title: Address Name and Title:	Susheel Nadakath Pre 9077 NW 44th CT Cercil Springs FL-33065	Address: Name and Title: Address:	12586 SW 977 PL Dowie FL-33325
Name and Title: Address Name and Title: Address	Susheel Nadakath Pres 9077 NW 44th CT Ceral Springs FL-33065	Address: Name and Title: Address:	12586 SW 9MPL Dowie FL-33325
Name and Title: Address Name and Title: Address	Susheel Nadakath Pre 9077 NW 44th CT Cercil Springs FL-33065	Address: Name and Title: Address:	12586 SW 9MPL Dowie FL-33325
Name and Title: Address Name and Title: Address	Susheel Nadakath Pres 9077 NW 44th CT Ceral Springs FL-33065	Address: Name and Title: Address:	12586 SW 9MPL Dowie FL-33325
Name and Title: Address Name and Title: Address	Susheel Nadakath Pres 9077 NW 44th CT Cercil Springs FL-33065	Address: Name and Title: Address:	12586 SW 9MPL Dowie FL-33325
Name and Title: Address Name and Title: Address	Susheel Nadakath Pres 9077 NW 44th CT Ceral Springs FL-33065	Address: Name and Title: Address:	12586 SW OMPL Dowie FL-33325

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: Sushee No	Jacoth
Address: 9077 NV	N 44th CT NOS FL- 33065
Coral Span	NOS FC- 33065
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	- 1 1 1 1 1 1
Name: Susheel	
	w 44th ct
<u>coral</u> Spi	rings FC- 33065
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be filing.)	. (OPTIONAL) specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not a the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed as of State's records.
Having been named as registered agent to accept certificate, I am familiar with and accept the appa	service of process for the above stated corporation at the place designated in this pintment as registered agent and agree to act in this capacity
Required Signature/Re	gishend Agent Date
I submit this document and affirm that the facts	s stated herein are true. I am aware that the false information submitted in a
aocument to the Department of State constitutes a	third degree felony as provided for in s.817.155, F.S.
Required Signature/Incorporator	Date Date