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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAMADRID FINANCIAL SERVICES CORP
Account Number : I20200000059
Phone : (954)727-9771
Fax Number : (954)727-9773

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info1@lamadridfinancial.com

FLORIDA PROFIT/NON PROFIT CORPORATION
SANMOL SOFTWARE CORP

RECEIVED
2023 SEP 19 PM 4:01

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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COVER LETTER

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

SUBJECT: SANMOL SOFTWARE CORP
(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: AMOL KAGDE
Name (Printed or typed)

10555 NW 41 STREET UNIT 300 PMB 134
Address

DORAL, FL 33178
City, State & Zip

345-546-0916
Daytime Telephone number

SANMOLSOFTWARE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2023 SE. 19 AM 4:27
TALLAHASSEE, FL 32314

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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: SANMOL SOFTWARE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
10555 NW 41 STREET UNIT 300 PMB 134
DORAL, FL 33178

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMOL KAGDE - PRESIDENT Name and Title:
Address 10555 NW 41 STREET UNIT 300 PMB 134 Address:
DORAL, FL 33178

Name and Title: Name and Title:
Address Address:

Name and Title: Name and Title:
Address Address:

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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: LAMADRID FINANCIAL SERVICES CORP
 Address: 10154 W Flagler Street
MIAMI FL 33174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMOL KAGDE
 Address: 10555 NW 41 STREET UNIT 300 PMB 134
DORAL, FL 33178

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

 Required Signature/Registered Agent 09/19/2023
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 09/19/2023
Date

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 FALLS ST 1001

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