Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 Fax Number : (305)675-8465

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

Email	Address:	

FLORIDA PROFIT/NON PROFIT CORPORATION INDIANTOWN ROAD STORE INC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$87.50

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Help



To: Page: 2 of 4 2024-06-26 18:04:38 GMT 13056758465 From: Aimet Arenas

COVER LETTER

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

SUBJECT: INDIANTOWN ROAD STORE INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

Status
ADDITIONAL COPY REQUIRED

4:	MD HASAN AHMMED			
- •	Name (Printed or typed)			
	815 WEST INDIANTOWN RD UNIT 6			
-	Address			
	JUPITER, FL 33458			
City, State & Zip				
	305-364-5123			
_	Daytime Telephone number			

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)

TOTELL PRI	NCIPAL OFFICE			
7011111 1101	Principal <u>street</u> address	Mailing address, if differentis:		
WEST INDIANTOWN		815 WEST INDIANTOWN RD UNIT 6		
ITER, FL 33458		JUPITER, FL 33458		
TICLE III PUR purpose for whic	RPOSE the corporation is organized is: ALL LAW	FUL PURPOS	ES	
to make a discharge desired should should see the				

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TICLE IV SHA	IRES of stock is: 1000			
TICLE IV SHA number of shares	of steek is: 1000			
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number of shares	of steck is: 1000 TAL OFFICERS AND/OR DIRECTORS			
number of shares	of stock is: 1000	Name and Title	MANZURUL ISLAM, VP	
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Name and Title:		Name and Title:		
Address		Address:		
		·, -		
		•		
ARTICLE VI The name and	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accept <mark>ati</mark> e) of	3 the registered agent is:		
Name:	MD HASAN AHMMED	· · · · · · · · · · · · · · · · · · ·		
Address:	815 WEST INDIANTOWN RD. UNIT 6			
	JUPITER, FL 33458			
4 1077723 12 1714	ANCONDON ATTON			
	INCORPORATOR			
•	uddress of the Incorporator is: MD HASAN AHMMED			
Name:	MD HASAN AHIMINED			
Address:	815 WEST INDIANTOWN RD, UNIT 6			
	JUPITER, FL 33458			
APTICLE VIII	EFFEÇTIVE DATE:			
Effective date, i	f other than the date of filing:		lays after the	
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date of	will not be listed as	
	med as registered agent to accept service of process fo familiar with and accept the appointment as registere			
mo;	HASAN AHMOMOD	5/26/20	24	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein are a Department of State constitutes a third degree felony		ition submitted in a	
MD H	ASAN AFMINITO	6/26/20	24	
Required Signal		Date		