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(Document Number)
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FALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

SOUTH TAMPA	SHELL INC						
Please Debit FCA	000000003 For: ⁷⁰				50	2024 AUG	
Thank you Seth No	eeley					<u> </u>	
_Atg/				Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File	E. FIL	27 M 9: 47	
				Fictitious Name File			
				Trade/Service Mark			
				Merger File			
				Art, of Amend, File			
				RA Resignation			
				Annual Report / Reinstatement Cert. Copy			
				Photo Copy			
				Certificate of Good Standing			
				Certificate of Status			
		·		Certificate of Fictitious Name_			
			—— I	Corp Record Search			
,				Officer Search			
1	7/			Fictitious Search			
Signature				Fictitious Owner Search		_	
Signature				Vehicle Search	_		
				Driving Record			
Requested by:				UCC 1 or 3 File			
Name	Date T	ime		UCC 11 Search			
				UCC 11 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:	ampa Shell Inc.		
Substitution of the substi	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 Cop
		ADDITIONAL CO	PY REQUIRED
FROM:		c (Printed or typed)	
344	01 S. Dale Mabry Highway		
Tan	npa, Fl 33629	Address	
	City,	State & Zip	· · ·
813	-318-2117		
	Daytime T	'elephone number	
naz.t	ornchi.fl@gmail.com		
	E-mail address: (to be use	d for future annual report n	otification)

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)

ne name of the corp	oration shall be: South Tampa Shell Inc.		
RTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, if	different is:
101 S. Dale Mabry	Highway	same	
ampa, FL 33629			
RTICLE III PUR e purpose for whic	RPOSE the the corporation is organized is: Any &		
			7024 AUG
			27 AHAS
			SE A
TICLE IV SHA	RES of stock is: 100		9: 4.7 STATE . FL
	IAL OFFICERS AND/OR DIRECTOR.		
Name and Ti	tle: Nazimuddin Borachi, President	Name and Title:	
Address	3401 S. Dale Mahey	Address:	
	Tampa, FL 33629		
		· ·	
Name and Titl	e:	Name and Title:	
Address			
			
Name and Title	e:	Name and Title:	
Address			

Name at	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT acceptate	ale) of the registered agent is:	
	Nazimuddin Borachi	,	
Name:	3401 S. Dale Mabry Highway		
Address:	Tampa, FL 33629		TILE IN 9: 47
		-	- A -
ARTICLE VII	<u>INCORPORATOR</u>	<u> </u>	IG 27
The name and	address of the Incorporator is:	A V	
	Nazimuddin Borachi		A R
Name:			9 9 1
Address:	3401 S. Dale Mabry Highway		計
	Tampa, FL 33629	<u> </u>	
ADDITION DAVIS	CONTROL BURD		
Effective date	I EFFECTIVE DATE: if other than the date of filing:	(OPTIONAL)	
(If an effective filing.)	date is listed, the date must be specific and	cannot be more than five days prior or 90 da	ys after the
Note: If the da	ate inserted in this block does not meet the appi	icable statutory filing requirements, this date w	ill not be listed as
the document's	effective date on the Department of State's re	cords.	
Having been no	amed as registered agent to accept service of pro	ocess for the above stated corporation at the plac	e designated in this
certificate, I an	n familiar with and accept the appointment as r	egistered agent and agree to act in this capacity	
$-\mathcal{N}$	Required Signature/Registered Agent	08.90 Dat	12024
	Required Signature/Registered Agent	Dat	e e
I submit this d	ocument and affirm that the facts stated herein	are true. I am aware that the false information s	ubmitted in a
document to the	e Department of State constitutes a third degree for		r . P . res
Required Co.	Turill J- III	08-20	16069
vedanten 21km	action tacorbotator	Date	