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(Requestor's N	lame)
(Address)	
, ,	
(Address)	
(City/State/Zip	/Phone #)
PICK-UP W	/AIT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Ce	rtificates of Status
Special Instructions to Filing Officer:	
Special instructions to ruing Officer.	

Office Use Only



50043883375524 OCT 31 AM 9: 47
TALLAHASSEE, FL

CAPITAL CONNECTION, INC.

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

Please Debit FCA000000003 For: 70 Thank you Seth Neeley	
Thank you Seth Neeley	
- Stay -	S 202
	Art of Inc. File ART OCT 31 LTD Partnership File SSEC ART STATE L.C. File Fictitious Name File Fictions Name File ART STATE LTD Partnership File SSEC ART STATE LTD Partnership File SSEC ART STATE Fictitious Name File SSEC ART STATE ART OCT 31 ART OCT
	Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement
	Certificate of Status Certificate of Fictitious Name
Signature	Corp Record Search Officer Search Fictitious Search Vehicle Search
Requested by: Date Time Walk-In Will Pick Up Date Da	Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval Courier

COVER LETTER

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

SUBJECT: S	UNSH	ARP VENTURES INC.				
SUBJECT:		(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)		
Enclosed are a	n orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	_	
© \$70. Filing l		□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of, Status	2024 OCT 3 I	T
			ADDITIONAL CO	PY REQUIRES	<u>ω</u>	C. Tarres
				الم المرابع المرابع	AM	
FROM	An	una Nimmala		STATE FL	9: 47	
		Nam	e (Printed or typed)			
	374	19 Pat Thomas Parkway				
			Address			
	Qui	ncy, FL 32351				
		City	State & Zip	 -		
	813	-318-2117				
		Daytime 1	elephone number			
	naz.t	oorachi.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)

ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing add	lress, if different is:
3749 Pat Thomas Pa	rkwy	same	
Quincy, FL 32351			
			
ARTICLE III PUR	<u> PPOSE</u>	& all business practices	
The purpose for which	th the corporation is organized is: Any	co di odunicio praericos	्र स्वापः
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	IRES of stock is: 100 TAL OFFICERS AND/OR DIRECTOR		
The number of shares ARTICLE V INIT	of stock is: 100 [IAL OFFICERS AND/OR DIRECTOR itle: Aruna Nimmala, President	<u>छ</u>	
The number of shares ARTICLE V INIT	of stock is: 100 CIAL OFFICERS AND/OR DIRECTOR itle: Aruna Nimmala, President	Name and Title:	
The number of shares ARTICLE V INIT Name and Ti	of stock is: 100 CIAL OFFICERS AND/OR DIRECTOR itle: Aruna Nimmala, President 3749 Pat Thomas Parkway Quincy, FL 32351	Name and Title: Address:	
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Name ar	nd Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Aruna Nimmala		
Address:	3749 Pat Thomas Parkway	_ s 2	
	Quincy, FL 32351	7ALL,	53
		2024 OCT 31 SECRETAN TALLAHA	= ⇒ =>
	INCORPORATOR	<u>بري</u> بري الم	T)
The name and a	address of the Incorporator is:	SEE.	
Name:	Aruna Nimmala	9: 47 STATE E. FL	
Address:	3749 Pat Thomas Parkway		
	Quincy, FL 32351		
Effective date, i	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	not be more than five days prior or 90 days after the	
	te inserted in this block does not meet the applicable effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as	
	med as registered agent to accept service of proces. familiar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity	
	Alupa Kimpada	10/71/2024	
	Required Signature/Registered Agent	Date	
I submit this document to	s document and affirm that the facts stated herein ar the Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.	
	Apora Nin. mala	Date 10/3/227	
, Required Sig	gnature/Incorporator	Date	

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