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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: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION US DHAKA 3 CORP

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COVER LETTER

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

SUBJECT: US DHAKA 3 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 □ \$78.75 Filing Fce Filing Fee

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& Certificate of

Status

ADDITIONAL COPY REQUIRED

US DHAKA 3 CORP	Name (Printed or typed)
	, tante (t. times of t. proof
6638 COLLINS AVE	
	Address
NORTH MIAMI BEACH	H. FL 33141
	City, State & Zip
305-364-5123	
D	aytime Telephone number
AIMET@EXPRESSTAXS	SVCS.COM
E-mail address: (1	to be used for future annual report notification)
	de the original and one copy of the articles
	\mathcal{P}_{Z}
 NOTE: Please provide 	de the original and one copy of the articles -

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE H PRI	NCIPAL OFFICE			
TCCC TT TAIL	Principal street address	Mailing address, if different is:		
B COLLINS AVE	22444	16851 NE 23	16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160	
MI BEACH, FL	33141	NORTH MIP	MI BEACH, FL 33160	
	POSE the corporation is organized is: ALL LAW	/FUL PURPOSES		
·				
			·	
ICLE IV SHA	<u>RES</u>			
TCLE IV SHA	RES of stock is: 1,000			
	RES of stock is: 1,000 LAL OFFICERS AND/OR DIRECTORS			
ICLE V INIT	IAL OFFICERS AND/OR DIRECTORS			
ICLE V INIT	tal OFFICERS AND/OR DIRECTORS tte: MD MANIR - President	Name and Title:		
ICLE V INIT	tal OFFICERS AND/OR DIRECTORS tte: MD MANIR - President	Name and Title:		
ICLE V INIT	tte: MD MANIR - President 16851 NE 23RD AVE	Name and Title:		
Name and Ti Address	tte: MD MANIR - President 16851 NE 23RD AVE	_ Name and Title: Address:		
Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Ite: MD MANIR - President 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160 Ite: AKASH BHATTACHARJA - VP 16851 NE 23RD AVE	_ Name and Title: Address:	2024 NO	
Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS Ite: MD MANIR - President 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160 Ite: AKASH BHATTACHARJA - VP 16851 NE 23RD AVE	Name and Title: Address: Name and Title:	2024 MOV 20	
Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS Inte: MD MANIR - President 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160 Ic: AKASH BHATTACHARJA - VP 16851 NE 23RD AVE	Name and Title: Address: Name and Title:	2024 MOV 20	
Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Inte: MD MANIR - President 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160 Ic: AKASH BHATTACHARJA - VP 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160	Name and Title: Address: Name and Title: Address:	ZOZH NOV ZO AMU: O	
Name and Ti Address Name and Tit Address	MD MANIR - President 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160 16851 NE 23RD AVE NORTH MIAMI BEACH, FL 33160	Name and Title: Address: Name and Title: Address: Name and Title:	ZOZH NOV ZO AMU: O	

Name ar	nd Title:	Name and Title:	_
Address	s	Address:	
			_
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	MD MANIR		
Address.	16851 NE 23RD AVE	_	
	NORTH MIAMI BEACH, FL 33160	_	
		20	
ARTICLE VII	<u>INCORPORATOR</u>	24 R	œ
The name and a	ddress of the Incorporator is:	0V 2	
Name:	MD MANIR	_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Address:	16851 NE 23RD AVE		
	NORTH MIAMI BEACH, FL 33160	2024 KOV 20 AMII: 08	نس
ARTICI E VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:		
(If an effective of filing.)	date is listed, the date must be specific and canr	ot be more than five days prior or 90 days after the	
		e statutory filing requirements, this date will not be listed	las
the document's o	effective date on the Department of State's records	i.	
	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation at the place designated in red agent and agree to act in this capacity	this
	MD Manir	11/20/2024	
	Required Signature/Registered Agent	Date	_
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	e true. I am aware that the false information submitted my as provided for in s.817.155, F.S.	in a
	MD Manis.	11/20/2024	
Required Signatu	MD Manir are/Incorporator	Date	_

2024-11-20 17:57:50 GMT

13056758465

From: Aimet Arenas

To: •

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