

To:

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2025-01-27 16:48:44 GMT

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From: Aimet Arenas

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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 : 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

RECEIVED

2025 JAN 27 PM 12:00

**FLORIDA PROFIT/NON PROFIT CORPORATION
SRD 1 PARTNERS INC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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COVER LETTER

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

SUBJECT: SRD 1 PARTNERS INC

(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 Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DIDARUL ALOM

Name (Printed or typed)

1192 NW 40TH AVE APT 516

Address

LAUDERHILL, FL 33313

City, State & Zip

561-294-3637

Daytime Telephone number

AIMET@EXPRESSTAXSVCS.COM

E-mail address: (to be used for future annual report notification)

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 I NAMEThe name of the corporation shall be: SRD 1 PARTNERS INC**ARTICLE II PRINCIPAL OFFICE**Principal street address1192 NW 40TH AVE APT 516LAUDERHILL, FL 33313

Mailing address, if different is:

1192 NW 40TH AVE APT 516LAUDERHILL, FL 33313**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DIDARUL ALOM - PD

Name and Title: _____

Address 1192 NW 40TH AVE APT 516

Address: _____

LAUDERHILL, FL 33313

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
ALL CHARGES, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: DIDARUL ALOMAddress: 1192 NW 40TH AVE APT 516LAUDERHILL, FL 33313ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: DIDARUL ALOMAddress: 1192 NW 40TH AVE APT 516LAUDERHILL, FL 33313ARTICLE 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*Didarul Alom

Required Signature/Registered Agent

01/27/2025

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.*Didarul Alom

Required Signature/Incorporator

01/27/2025

Date