

P25000004873

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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.

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FLORIDA PROFIT/NON PROFIT CORPORATION
N FARJANA CORPORATION

Certificate of Status	1
Certified Copy	1
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January 28, 2025

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS BUSINESS & TAX SERVICES INC

SUBJECT: N FARJANA CORPORATION
REF: W25000010627

We have received your document for N FARJANA CORPORATION . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Monique K Anderson
Regulatory Specialist II

FAX Aud. #: H25000030551
Letter Number: 925A00001727

2025 JAN 30 AM 10:57

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

ARTICLE I NAME

The name of the corporation shall be: N FARJANA CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal address
7517 NW 18TH DR
PEMBROKE PINES, FL 33024

Mailing address, if different is,
7517 NW 18TH DR
PEMBROKE PINES, FL 33024

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:	MOHAMMED SHAJAHAN-PD	Name and Title:	
Address	7517 NW 18TH DR PEMBROKE PINES, FL 33024	Address:	

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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CLERK

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

_____**ARTICLE VI REGISTERED AGENT**The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:Name: MOHAMMED SHAJAHANAddress: 7517 NW 18TH DRPEMBROKE PINES, FL 33024**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MOHAMMED SHAJAHANAddress: 7517 NW 18TH DRPEMBROKE PINES, FL 33024**ARTICLE 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*Mohammed Shajahan
Required Signature/Registered Agent01/27/2025
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.*Mohammed Shajahan
Required Signature/Incorporator01/27/2025
Date2025 JAN 30 AM 10:53
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CLERK OF COURT
JAN 30 2025
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