

95000031405
FINANCIAL ACCOUNTING SERVICES

425 West Colonial Drive Suite 101
Orlando, Florida 32804

New Filings Section
Division of Corporations
P.O. Box 6327
Tallahassee, Fl, 32314

80000014040000
-04/26/95--01017--004
****122.50 ****122.50

Dear Ms. Freida Chesser:

Attached please find The Articles of Incorporation for:

Ashish Corporation of Central Florida
and check # 4305 for \$ 122.50 covering the various fees.

Respectfully,

Azina Kanji
AZINA KANJI

Encl.

FILED
95 APR 21 2H 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTER APR 21 1995

**ARTICLES OF INCORPORATION
OF**

ASHISH CORPORATION OF CENTRAL FLORIDA

FILED
95 APR 21 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida Corporation Act hereby adopts the following Articles of Incorporation.

ARTICLE ONE

The name of the Corporation shall be:

ASHISH CORPORATION OF CENTRAL FLORIDA

ARTICLE TWO

DURATION

The duration of the Corporation is perpetual.

ARTICLE THREE

PURPOSE

The Corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporations Act.

ARTICLE FOUR

CAPITAL STOCK

The aggregate number of shares which the Corporation has authority to issue is 7,500 all of which shall be common shares with a par value of ten cents.

ARTICLE FIVE

REGISTERED OFFICE AND AGENT

The initial registered office of the Corporation, it's permanant mailing address and principle place of business shall be:

209 E. LAKE AVENUE, AUBURNDALE, FL. 33823

The initial registered agent shall be:

NATVARBHAI I. PATEL

ARTICLE SIX

DIRECTORS

The business of the Corporation shall be managed by a Board of Directors consisting of a minimum of one director. The number of Directors may be increased from time to time by By-Laws adopted by the stockholders.

ARTICLE SEVEN

BOARD OF DIRECTORS

The names and addresses of the members of the initial Board of Directors are:

NATVARBHAI I. PATEL, 209 E. LAKE AVENUE, AUBURNDALE, FL. 33823

ARTICLE EIGHT

OFFICERS

The initial officers of the Corporation shall be:

PRESIDENT: NATVARBHAI I. PATEL
V. PRESIDENT/SECRETARY: NATVARBHAI I. PATEL

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TALLAHASSEE FLORIDA

ARTICLE NINE
CERTIFICATE OF REGISTERED AGENT

The name and address of the person signing the Articles of Incorporation as subscriber
is:

NATVARBHAI I. PATEL
209 E. LAKE AVENUE, AUBURNDALE, FL. 33823

Natvarbhai. I. Patel

NATVARBHAI I. PATEL

I do hereby accept designation as Registered Agent.

Natvarbhai. I. Patel

NATVARBHAI I. PATEL
personally known

STATE OF FLORIDA

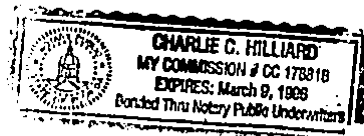
COUNTY OF ORANGE *Polk*

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgements, personally appeared NATVARBHAI I. PATEL before me to be the person described as a subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he subscribed to these Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this
10th day of April, 1995.

Charles C. Hilliard

3/9/96
My Commission Expires



PGS-3/405

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Ashish Corporation of Central Florida, Inc. EIN or SS#: 59-3309252
DBA Little Shop Rite

Address: 209 E. Lake Ave. Auburndale, FL 33823

Amount: 225⁰⁰ Date Paid 7/09/96

Reason for claim: P95000031405 over payment

Certified true and correct this 7 day of - 23 -, 1996.

Signature Natrabhai. I. Patel

* Must be completed if authority is other than Section 215.26, Florida Statutes.

| For Agency Use Only | |
|--|---|
| Agency recommends approval of above claim and submits the following information to substantiate the claim: | Amount of recommended refund \$ <u>225⁰⁰</u> |
| The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>972601018</u> dated <u>7/09/96</u> | |
| Name of Account: <u>45202130001453000000000010000</u> | |
| Statutory Authority for Collection <u>607</u> | |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT: <u>452021300014530000000022002000</u> | |
| Certified true and correct this _____ day of _____, 19____ | |
| Department of State, Division of Corporations (Agency) | (Authorized Signature and Title) |

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7/15/96

P95000031405

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

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DBA Little Shop Rite

Address: 309 E. Lake Ave Auburndale, FL 33823

Amount: 225.00 Date Paid 7/09/96
Reason for claim: P95000031405 over payment

Certified true and correct this 7 day of - 23 -, 1996.

Signature Natrabhewi. I. Patel

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only

Agency recommends approval of above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 225.00

The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. 972100/018 dated 7/09/96

Name of Account

45202130001453000000000010000

Statutory Authority for Collection

607

It is requested that payment be made from the following account:

NAME OF ACCOUNT:

45202130001453000000022002000

Certified true and correct this _____ day of _____, 19____

Department of State, Division of Corporations

(Agency)

(Authorized Signature and Title)

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7/15/96