

LAW OFFICES
ALEX N. GRIEF
5970 SW 18TH STREET
SUITE 226
BOCA RATON, FLORIDA 33433
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Fax: (407) 392-9371

September 14, 1995

Secretary of State
Division of Corporations
New Filings
409 East Gaines Street
Tallahassee, Florida 32399

Re: 621 S.F. CORP.

Dear Sirs:

Enclosed herewith please find Articles of Incorporation for the above-referenced corporation. Additionally, enclosed herewith please find check in the amount of \$122.50 representing filing fees for same.

Thank you.

Alex N. Grief, Esq.

600001586306
-03/15/95--01073--014
****122.50 ****122.50

9/18/95
J

195A-42810

**ARTICLES OF INCORPORATION
OF
621 S.F. CORP.**

THE UNDERSIGNED subscriber to these Articles of Incorporation, a natural person competent to contract, forms a corporation under the laws of the State of Florida.

ARTICLE I. NAME:

The name of this Corporation is: 621 S.F. CORP.

ARTICLE II. NATURE OF BUSINESS:

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III. CAPITAL STOCK:

The Capital Stock of this corporation shall be divided into ONE THOUSAND (1,000) shares of stock with \$1.00 par value.

ARTICLE IV. INITIAL CAPITAL:

The amount of capital with which this corporation will begin business is ONE THOUSAND (\$1,000.00) DOLLARS.

ARTICLE V. TERM OF EXISTENCE:

This corporation shall exist perpetually from the date of the filing of these Articles.

ARTICLE VI. ADDRESS:

The street address of the initial registered office of the corporation is:

244 COUNTY ROAD 621 EAST
LAKE PLACID FLORIDA 33852

The name of the initial resident agent of this corporation at that address is:

SAUD SHAHRAM

The street address of the principal place of business shall be:

244 COUNTY ROAD 621 EAST
LAKE PLACID FLORIDA 33852

SEP 19 PM 3:00
SECRET
TALLAHASSEE, FLORIDA

ARTICLE VII. DIRECTORS:

This corporation shall have one (1) Director initially. The number of directors may be increased or diminished from time to time, as provided in the By-Laws.

ARTICLE VIII. INITIAL ADDRESS:

The name and address of the member of the first Board of Directors is:

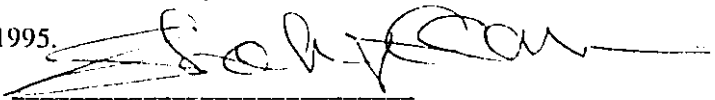
SAUD SHAHRAM
244 COUNTY ROAD 621 EAST
LAKE PLACID FLORIDA 33852

ARTICLE IX. SUBSCRIBERS:

The name and address of each Subscriber to these Articles of Incorporation is:

SAUD SHAHRAM
244 COUNTY ROAD 621 EAST
LAKE PLACID FLORIDA 33852

IN WITNESS WHEREOF, the undersigned Subscriber has executed these Articles of Incorporation this 1st day of September, 1995.



SAUD SHAHRAM

**STATE OF FLORIDA
COUNTY OF PALM BEACH**

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County aforesaid, personally appeared SAUD SHAHRAM, known to me and known by me to be the person who executed the foregoing Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the State and County aforesaid this 1st day of September, 1995.


NOTARY PUBLIC, STATE OF FL.

My Commission Expires:



ACCEPTANCE

HAVING BEEN NAMED to accept service of process for the above-stated corporation, at a place designated in this Certificate, I hereby accept said designation as Registered Agent and agree to comply with the provisions relative to keeping said office open.


SAUD SHAHRAM

FILED
55 SEP 18 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 SEP 20 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071963

1. Corporation Name

621 S.F. CORP.

Principal Place of Business

244 COUNTY ROAD 621 EAST
LAKE PLACID FL 33852

Mailing Address

244 COUNTY ROAD 621 EAST
LAKE PLACID FL 33852



REINSTATEMENT *ap*

09/18/1995

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3334866

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

If above addresses are incorrect in any way, line through and correct information and enter correction below

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Officers

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

(Do NOT Use Post Office Box Numbers)

City / State / Zip

D SHAHRAM, SAUD

244 COUNTY ROAD 621 EAST

LAKE PLACID FL 33852

500001968705
-10/09/96-01023-023
***375.00 ***375.00

~~500001968705~~
~~-10/09/96-01023-023~~
~~***375.00 ***375.00~~

8. Name and Address of Current Registered Agent

SHAHRAM, SAUD
244 COUNTY ROAD 621 EAST
LAKE PLACID FL 33852

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 09/17/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(j), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/17/96

Date

465-5662

Daytime Phone #

CR2E040 (7/96)