

P970000 24819
TRANSMITTAL LETTER

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

600002113376--8
-03/14/97--01021--006
*****70.00 *****70.00

SUBJECT: SARINI ENTERPRISES INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☒ \$70.00

☐ \$78.75

☐ \$122.50

☐ \$131.25

FROM: GAMINI P. EDIRIWEERA
Name (printed or typed)
8639 N. HIMES, #3401
Address
TAMPA, FL-33614
City, State & Zip
(813)915-8774
Daytime Telephone number

SECRET
TALLAHASSEE, FLORIDA

97 MAR 14 PM 2:33

FILED

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF

FILED
97 MAR 14 PM 2:34
TALLAHASSEE, FLORIDA

XXXXXX SARINI ENTERPRISES INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SARINI ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

8639 N.Himes, #3401, Tampa, FL-33614

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ONE HUNDRED

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

GAMINI P. EDIRIWEERA 8639 N.Himes, #3401, Tampa, FL-33614

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SWARNA M EDIRIWEERA
GAMINI P. EDIRIWEERA

8639 N. Himes, #3401, Tampa, FL-33614
"

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of March, 1997.

X SWarna M Ediriweera

Signature

X Gamini P Ediriweera

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: SARINI ENTERPRISES INC

2. The name and address of the registered agent and office is:

GAMINI P. EDIRIWEERA

(Name)

8639 N. Himes, #34.01

(P.O. Box ~~not~~ acceptable)

Tampa, FL-33614

(City/State/Zip)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

X 
(Signature)