1990 (RAMMIYALIEFE) 214

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

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SUBJECT:	ROYAL INDO-PI	AK GROCERY, rate name - must include sur	INC.
	(Proposed corpor	ate name - must include sui	mx)
Enclosed is an original	and one(1) copy of the article	s of incorporation and	a check for :
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate
		ADDITIONAL CO	PY REQUIRED
FROM:	SALIM PAT Name (Pr	FL inted or typed)	···········
	852 LANCE	ASTER ROAD	99 JUN -7 SECRETARY TALLAHASS
	ORLANDO F City, S	TORIDA 3280 State & Zip	

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

gg "FILED
ARTICLES OF INCORPORATION SECRETARY OF STATE The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
ROYAL INDO-PAK GROCERY, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 852 LANCASTER ROAD ORLANDO FLORIDA 32809
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
2000 SHARES
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: SALIM PATEL 852 LANGSTER ROAD
OPLANDO FL 32809
ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are:
SALIM PATEL 852 LANCASTER ROAD ORLANDO FL 32809
Shirlotel 6-4-99
Signature/Incorporator Date
(An additional article must be added if an effective date is requested.)
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

Galnilatel
Signature/Registered Agent