

P22 0000 40650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

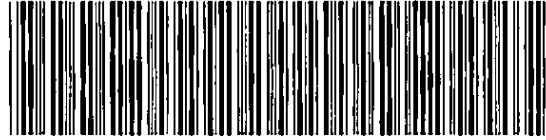
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/24/22--01019--026 **78.75

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 MAY 24 PM 3:07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BELLE GLADE WINE & LIQUOR INC

- ___ Art of Inc. File _____
- ___ LTD Partnership File _____
- ___ Foreign Corp. File _____
- ___ L.C. File _____
- ___ Fictitious Name File _____
- ___ Trade/Service Mark _____
- ___ Merger File _____
- ___ Art. of Amend. File _____
- ___ RA Resignation _____
- ___ Dissolution / Withdrawal _____
- ___ Annual Report / Reinstatement _____
- ___ Cert. Copy _____
- ___ Photo Copy _____
- ___ Certificate of Good Standing _____
- ___ Certificate of Status _____
- ___ Certificate of Fictitious Name _____
- ___ Corp Record Search _____
- ___ Officer Search _____
- ___ Fictitious Search _____
- ___ Fictitious Owner Search _____
- ___ Vehicle Search _____
- ___ Driving Record _____
- ___ UCC 1 or 3 File _____
- ___ UCC 11 Search _____
- ___ UCC 11 Retrieval _____
- ___ Courier _____

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 CLERK OF SUPERIOR COURT
 TALLAHASSEE, FLORIDA

Signature _____

Requested by: SETH 05/18/22

Name Date Time

Walk-In _____ Will Pick Up _____

COVER LETTER

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

SUBJECT: Belle Glade Wine & Liquor
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Susheel Nalakat
Name (Printed or typed)
91077 NW 44th Ct
Address
Coral Springs FL-33065
City, State & Zip
954-494-5764
Daytime Telephone number
SK.nalakat@gmail.com
E-mail address: (to be used for future annual report notification)

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DEPT OF STATE
TALLAHASSEE, FL 32314

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

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: Belle Glade Wine and Liquor Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 9077 NW 44th CT
Coral Springs FL - 33065
Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Susheel Nalakat - president
Address: 9077 NW 44th CT
Coral Springs FL - 33065

Name and Title: Ajesh Balanandan - VP
Address: 2604 Executive Dr - Apt - 1-301
Venice FL - 34292

Name and Title: _____
Address: _____
Name and Title: _____
Address: _____

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CLERK OF DISTRICT COURT
MIAMI FLORIDA

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: Susheel Nalakeh
Address: 9077 NW 44th CT
Coral Springs FL - 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Susheel Nalakeh
Address: 9077 NW 44th CT
Coral Springs FL - 33065

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TALLAHASSEE, FLORIDA

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

Required Signature/Registered Agent 5/19/2022
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.

Required Signature/Incorporator 5/19/2022
Date