P1300013190

(Re	questor's Name)			
(Address)				
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates o	of Status		
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	_/			
Office Use Only				



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13 FEB -7 PM 4: 15

SEORETARY OF STATE
IALLAID SEEP OF STATE

W3-4444

T. Burch FEB & 2018

COVER LETTER

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

subject: <u>S</u> o	baba Pita (PROPOSED CORPORA	and Grill	Inc.
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	icles 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:	Michael Ni Name		
	Sunrise, Fl	333 51 State & Zip	
	954-821- Daytime To	elephone number	
	MINESEXPER- E-mail address: (to be used	tauto @ amo	com notification)

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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 23, 2013

MICHAEL NIMEH 7794 A NW 44TH STREET SUNRISE, FL 33351

SUBJECT: SABABA PITA AND GRILL INC.

Ref. Number: W13000004444

13 FEB - 7 MH 10: 35

We have received your document for SABABA PITA AND GRILL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 913A00001715

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ms ation shall be: Sababa Pita	and Gril	1 Inc.
INCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
· —	_	_
	#115	3
. <u>. </u>	l au de - l	11 Fl 33351
DDGGB	LUMBEL	11/1
the corporation is organized is:	iurant an	d take
od. Middle Easter	n Cuisine	with
s and 60 chairs	<u>*</u>	
		· ·
		7. 3
		75 J
		7 PM 1 PM 1 PM
ARES f stock is: 100		
		<u>.</u>
le: President Owner: Michae	Name and Title:	
Nimen	Address:	
4897 N. University	Dr. #3	
e: Vice President: Michael	Name and Title:	
Nimeh	Address:	
Address: Same as		
above		
e: Secretary : Michael	Name and Title:	
Nima		
	ARES f stock is: 100 TITAL OFFICES ARES f stock is: 100 TITAL OFFICERS AND/OR DIRECTORS We have hilly Fl 3335 E. Vice President Michael Nimeh Address: Same as above E. Secretary: Michael Nimeh	ARES fstock is: 100 TIAL OFFICES AND/OR DIRECTORS le: President Owner: Michael Name and Title: Nimeh Address: Address:

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fk</u>	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Michael Nimeh	•	
Address:	4897 N. University Do	r #3	
	4897 N. University Do Lauderhill, Fl 3335	-1	F 13 FEB SECRET
ARTICLE VII	INCORPORATOR		FILED B-7 PH TASY OF LINSSEE!
The <u>name and ad</u>	<u>lress</u> of the Incorporator is:		
Name:	Michael Nimeh		
Address:	4897 N. Universit	y Dr. #3	्ह ज
	Lauderhill, Fl 3333	51	
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as regi	for the above stated corporation at istered agent and agree to act in this	s capacity
J. J.	1		2-5-20/3
	Required Signature/Registered Agent		Date
I submit this doci document to the L	ment and offilm that the facts stated herein are to experiment of state constitutes a third degree felony	v as provided for in s.817.155, F.S.	rmation submitted in a
V	Required Signature/Incorporator		Date

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