

P22000005373

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

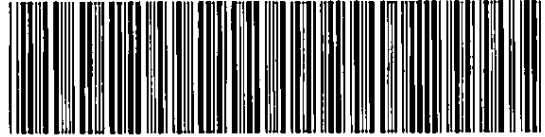
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2022 JAN 27 PM 3:11

2022 JAN 27 AM 11:22
TALLAHASSEE, FL

FILED

CAPITAL CONNECTION, INC.

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

4180 SMOKE INC

Signature _____

Requested by: SETH

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

172 Pondera Printing • Tallahassee, FL 32301

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
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____ Trade/Service Mark _____
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____ Art. of Amend. File _____
____ RA Resignation _____
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____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
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COVER LETTER

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

SUBJECT: 4180 Smoke, Inc
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Teresa De La Rosa, CPA
Name (Printed or typed)

814 Ponce De Leon Blvd Suite 204
Address

Coral Gables, FL 33134
City, State & Zip

305-385-1099
Daytime Telephone number

teresa@delarosacpafirm.com
E-mail address: (to be used for future annual report notification)

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: 4180 Smoke, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6478 Lake Worth Road

Greenacres, FL 33463

Mailing address, if different is:
6478 Lake Worth Road

Greenacres, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALA ALHAMED, PRESIDENT Name and Title: _____

Address: 6000 PARK OF COMMERCE BLVD Address: _____

SUITE E

BOCA RATON, FL 33487

Name and Title: BADR ELMESTOUR, VP Name and Title: _____

Address: 947 LIMELIGHT AVE NW Address: _____

SALEM, OR 97304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF DISTRICT COURT
TALLAHASSEE, FL

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: ALA ALHAMED

Address: 6000 PARK OF COMMERCE BLVD, STE E
BOCA RATON, FL 33487

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALA ALHAMED

Address: 6000 PARK OF COMMERCE BLVD, STE E
BOCA RATON, FL 33487

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JANUARY 25, 2022. (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

Ala Alhamed

Required Signature/Registered Agent

1/25/2022

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.

Ala Alhamed

Required Signature/Incorporator

1/25/2022

Date