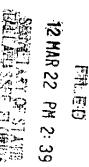
## P12000028718

(Re	questor'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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T. Burch MAR 26 200

## **COVER LETTER**

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

SUBJECT: The Mossad Corporation  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)			
(PROPOSED CORPORA	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)	
Enclosed are an original and one (1) copy of the art	icles of incorporation an	nd a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL C	OPY REQUIRED	
FROM: Samy M. Mossad Name	e (Printed or typed)		
5109 Sylvan Oaks Drive	Address		
Valrico, FL 33596-9218	State & Zip		
813-655-5318 Daytime 7	elephone number	· · · · · · · · · · · · · · · · · · ·	
s.mossad@verizon.net E-mail address: (to be use	d 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 II	PRINCIPAL OFFICE		
,	Principal street address		address, if different is:
8556 Gunn Highway			oaks Drive
<u>,</u>	Odessa, FL 33556	•	596
	hich the corporation is organized is:	Occia I compa in the etc.	to of Florida
	en a smoke shop business d/b/a	Oasis Lounge in the sta	FF1. 12 MAR 22
ARTICLE IV			F P 6
the number of sha	res of stock is:1000		
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS	
	itle:Samy M. Mossad, PCEO		<b>5</b>
Address:	5109 Sylvan Oaks Drive	Address:	
	Valrico, FL 33596-9218	<del></del>	
Name and T	itle:Elizabeth Mossad, DSEC	Name and Title:	
Address:	5109 Sylvan Oaks Drive	Address:	
7 Lauress.	5109 Sylvan Oaks Drive Valrico, FL 33596-9218		
Name and T Address:	itle:		
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name:	Samy M. Mossad		
Address:	5109 Sylvan Oaks Drive		
	Valrico, FL 33596	<del></del>	
ARTICLE VII	INCORPORATOR		
he <u>name and ad</u>	dress of the Incorporator is:		
Name:	Samy M. Mossad		
Address:	5109 Sylvan Oaks Drive Valrico, FL 33596-9218		
	ed as registered agent to accept service of a familiar with and accept the appointment		
	Maria		3/19/2012
	Required Signature/Registered Age	nt	Date
	ment and affirm that the facts stated here epartment of State constitutes a third degree		
	pour .		
	Required Signature/Incorporator		Date