

P/5000032/66

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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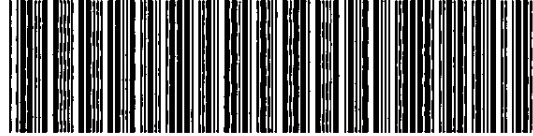
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/15--01010--013 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 APR - 6 PM 12:45

κ 04/09/15

COVER LETTER

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

SUBJECT: **FALAFEL HOUSE, 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 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **STEVEN M KRAFT PA**
Name (Printed or typed)
934 N UNIVERSITY DR #250
Address
CORAL SPRINGS, FL 33071
City, State & Zip
954-755-0558
Daytime Telephone number
SKRAFTPA@AOL.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: FALAFEL HOUSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

14599 BARLETTA WAY
DELRAY BEACH, FL 33446

Mailing address, if different is:

934 N UNIVERSITY DR#250
CORAL SPRINGS, FL 33071

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ABRAHAM ZARIF-PRES

Address: 14599 BARLETTA WAY
DELRAY BEACH, FL 33446

Name and Title: _____

Address: _____

Name and Title: DORON SCHARF-VP

Address: 5201 SW 31 AVE #275
FT LAUDERDALE, FL 33312

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(conti.)

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: ABRAHAM ZARIF
Address: 14599 BARLETTA WAY
DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

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

Name: ABRAHAM ZARIF
Address: 14599 BARLETTA WAY
DELRAY BEACH, FL 33446

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

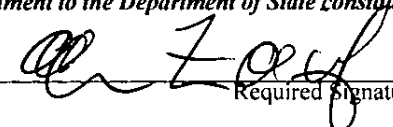


Required Signature/Registered Agent

04/02/2015

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

04/02/2015

Date

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