

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
PALMETTO BAY DRIVE THRU INC

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

ARTICLE I NAMEThe name of the corporation shall be: PALMETTO BAY DRIVE THRU INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address
16767 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157Mailing address, if different is:
16767 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY ALL LEGAL MATTERS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ZUHAIR KARBORANI P/T/S/DAddress: 16777 OLD CUTLER ROAD
PALMETTO BAY, FL. 33157

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ZUHAIR KARBORANI
Address: 16777 OLD CUTLER ROAD
PALMETTO BAY, FL 33157

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ZUHAIR KARBORANI
Address: 16777 OLD CUTLER ROAD
PALMETTO BAY, FL 33157

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 02/24/2017, (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	_____ Date
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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 §.817.155, F.S.

_____ Required Signature/Incorporator	_____ Date
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