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(Re	questor's Name)	
(Adı	dress)	
bbA)	diess)	. <u></u>
(City	y/State/Zip/Phone #)	
PICK-UP	MAIT [MAIL
(Bu	siness Entity Name)	
(Document Number)		
Certified Copies	_ Certificates of Star	tus
Spec al Instructions to Filing Officer		





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COVER LETTER

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

SUBJECT:	Smoke Cit	7 Discount	Inc
	(PROPOSED CORPOR/	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	I a check for:
	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee. Certified Copy & Certificate o Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Nehad 1	Alsayed.	
	2848 S Ad	lans St.	
		Address assee, FL 3 State & Zip	2301
AMERICA	85	2 5 10 788 Telephone number	1
		176 Qhtma	il. Com

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 corporatio	n shall be: Smoke	City Discon	t SNC
	PAL OFFICE rincipal street address Adams St. SSEC, FL' 3230		ress, if different is: Box 7285 455ee, FL 3231-1
ARTICLE III PURPOS The purpose for which the	ecorporation is organized is:	LALL lawf	nl Business:
ARTICLE IV SHARES The number of shares of st ARTICLE V INITIAL			2017
	Nehad Alsayed (President) 2848 S Adams St. Tallahassa, FL 323	Address:	ALIO 25 PH 4: 29
		Name and Title:Address:	
Name and Title:_ Address		Name and Title: Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	ay NOT accomplished of the registered agent is:
	•
Name: Nehad Als Address: 2848 S.A.	dans St.
Tallahas	« FL 323- \
ARTICLE VII INCORPORATOR	201
The name and address of the Incorporator is:	
Name: Vellad	Alsated.
Address: 2848 S	Adams St.
Tallaho	Alsated Adam st Disc FL32301
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must I filing.)	(OPTIONAL) be specific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not the document's effective date on the Department.	of meet the applicable statutory filing requirements, this date will not be listed as ent of State's records.
Having been named as registered agent to ac this certificate, I am familiar with and accept	cept service of process for the above stated corporation at the place designated the appointment as registered agent and agree to act in this capacity
<i> </i>	2/25/17
Required Signature	Registered Agent Date
	acts stated herein are true. I am aware that the false information submitted in es a third degree felony as provided for in s.817.155, F.S.
	<u> </u>
Required Signature/Incorporator	Date