

P17000071783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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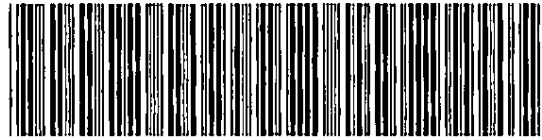
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/25/17--01012---005 **78.75

FILED
17 AUG 25 AM 11:11
TALLAHASSEE FLORIDA

08/28/17

COVER LETTER

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

SUBJECT: HOKAH UP 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: Manuel Campos
Name (Printed or typed)

73007 SW 68th Ter
Address

Miami, FL 33183
City, State & Zip

786 - 454 - 6774
Daytime Telephone number

info.hokahup@gmail.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: Hookah Up Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

73007 SW 48th Ter

Miami FL 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 200,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ajno Marketing VP Name and Title: _____

Address: 73007 SW 48th Ter Address: _____

Miami FL 33183

Name and Title: SADAM DUEDO President Name and Title: _____

Address: 4821 SW 134th Pl Address: _____

Miami FL 33175

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Manuel Campos
Address: 13007 SW 68th Ter
Miami FL 33183

ARTICLE VII INCORPORATOR

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

Name: Manuel Campos
Address: 13007 SW 68th Ter
Miami FL 33183

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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
08/23/2017
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
08/23/2017
Date