

P18 000 022 537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Office Use Only



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TALLAHASSEE, FLORIDA



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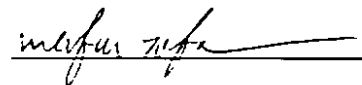
Wafaa Safar
1062 Bimini Rd
Jacksonville, FL 32216

February 28, 2018

Dear Division of Corporations,

I release my Corporate Name, **" Waafa Safar, Inc."**. Anyone can purchase this name and use it as there corporate name.

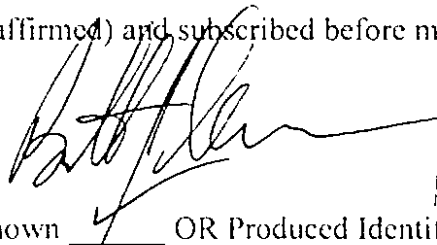
Sincerely,



Wafaa Safar, Officer

STATE OF FLORIDA
COUNTY OF Duval

Sworn to (or affirmed) and subscribed before me this 28 day of February, 20 18, by (Wafaa Safar).



Personally Known OR Produced Identification
Type of Identification Produced

COVER LETTER

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

SUBJECT: Waa fa Safar, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Brett Isaac
Name (Printed or typed)

2151 University Blvd
Address

Jacksonville, FL 32216
City, State & Zip

904-730-9264
Daytime Telephone number

SbkTax@comcast.net
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: Wafaa Safar, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2909 Beaver St.

Mailing address, if different is:

Jacksonville, FL 32210

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a convenience store

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wafaa Safar President

Address: 1062 Bimini Rd.
Jacksonville, FL 32216

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Brett Baac
Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brett Baac
Address: 2151 University Blvd S
Jacksonville, FL 32216

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/28/18 (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.

Brett Baac 2/28/18
Required Signature/Registered Agent 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.

Brett Baac 2/28/18
Required Signature/Incorporator Date