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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : AVA FINANCIAL CONSULTANTS INC
Account Number : I20170000094
Phone : (954)842-1979
Fax Number : (954)905-4315

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

REFRESH
2018 AUG 20 PM 4:04

2018 AUG 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION
MCNAB INC 1

| | |
|-----------------------|---------|
| Certificate of Status | 1 |
| Certified Copy | 1 |
| Page Count | 01 |
| Estimated Charge | \$87.50 |

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COVER LETTER

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

SUBJECT: MCNAB INC I

(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: MOHAMMAD H. MALICK

Name (Printed or typed)

6995 W. MCNAB ROAD

Address

TAMARAC, FL 33321

City, State & Zip

954-740-7172

Daytime Telephone number

aminocher@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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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: MCNAB INC 1

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6995 W. MCNAB RD

6995 W. MCNAB RD

TAMARAC, FL 33321

TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: OPERATE A CONVENIENCE STORE

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED KORSHED - PDS

Name and Title:

Address

6995 W. MCNAB RD

Address:

TAMARAC, FL 33321

Name and Title: MOHAMMAD H. MALICK - VPTD

Name and Title:

Address

6995 W. MCNAB RD

Address:

TAMARAC, FL 33321

Name and Title:

Name and Title:

Address

Address:

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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: MOHAMMED KORSHED
Address: 6995 W. MCNAB RD
TAMARAC, FL 33321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED KORSHED
Address: 6995 W. MCNAB RD
TAMARAC, FL 33321

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

Mohammed Korshed

Required Signature/Registered Agent

08/20/2018

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.

Mohammed Korshed

Required Signature/Incorporator

08/20/2018

Date