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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | - · · · · · · · · · · · · · · · · · · · |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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T SCHROEDER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Fozil-Baraka Unlim | nited, Inc. | | | |
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| | | | | |
| | | | | Art of Inc. File |
| | | | | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | | Trade/Service Mark |
| | | | | Merger File |
| | | | | Art, of Amend, File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| lignature | - | | | Fictitious Owner Search |
| <u> </u> | | | | Vehicle Search |
| | · — — - | ~ | | Driving Record |
| lequested by: Seth | 03/07/19 | | | UCC 1 or 3 File |
| lame | | Time | | UCC 11 Search |
| Valle Im | Will Dial 11 | | | UCC 11 Retrieval |
| Valk-In | Will Pick Up . ∞ | | | Courier |

COVER LETTER

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

| SUBJECT: Fozil-B | araka Unlimited, Inc. | | |
|-------------------------|---|---------------------------------------|---|
| SOBSECT. | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| □ \$70.00 Filing Fee | *·-···* | □ \$78.75 Filing Fee & Certified Copy | S87.50 Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PY REQUIRED |
| FROM: | egory S. Oropeza, Esq Nam Simonton Street | e (Printed or typed) | |
| | | Address | ···· |
| Key | West, FL 33040 | | |
| | City | State & Zip | |
| 305 | -294-0252 | | |
| | Daytime T | Celephone number | |
| bob. | janov@gmail.com | | |
| | E-mail address: (to be use | d for future annual report r | 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)

| CLE II PRIN | CIPAL OFFICE | | |
|--|---|---|---|
| <u> </u> | Principal street address | Mailing a | address, if different is: |
| S. Roosevelt Blv | d., Unit 203E | Same | |
| West, FL 33040 | | - 1, | |
| CLE III PURP urpose for which | | | |
| awful purpose. | | | |
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| CLE IV SHAR imber of shares of | ES 100 stock is: | | |
| imber of shares of | Stock is: | | |
| imber of shares of | stock is: | <u>8.S</u> | |
| imber of shares of <u>CLE V INITE</u> Name and Titl | Stock is: AND/OR DIRECTOR BODDy Janov, President | <u>8.S</u> | |
| imber of shares of | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. | <u>8.S</u> | |
| imber of shares of <u>CLE V INITE</u> Name and Titl | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E | Name and Title:Address: | SEC TALL |
| imber of shares of <u>CLE V INITE</u> Name and Titl | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E | Name and Title:Address: | 19 MAR - E SECRETAR TALLAHASS |
| imber of shares of <u>CLE V INITE</u> Name and Titl | AL OFFICERS AND/OR DIRECTOR Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title:Address: | SECRETARY O |
| imber of shares of CLE V INITE Name and Titl Address | AL OFFICERS AND/OR DIRECTOR Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: | SECRETARY OF STALLAHASSEE, FL |
| CLE V INITE Name and Title Address | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: Address: | SECRETARY OF STALLAHASSEE, FL |
| CLE V INITE Name and Title Address | AL OFFICERS AND/OR DIRECTOR Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: Address: Address: | 19 MAR -8 AM SECRETARY OF TALL AHASSEE, F |
| imber of shares of CLE V INITE Name and Title Address Name and Title Address | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: Address: Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| imber of shares of CLE V INITE Name and Title Address Name and Title Address | AL OFFICERS AND/OR DIRECTOR Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: Address: Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| imber of shares of CLE V INITE Name and Title Address Name and Title Address | AL OFFICERS AND/OR DIRECTOR e: Bobby Janov, President 3930 S. Roosevelt Blvd. Unit 203E Key West, FL 33040 | Name and Title: Address: Name and Title: Address: Name and Title: Address: | SECRETARY OF STATE TALLAHASSEE, FLORIDA |

| Name a | nd Title: | Name and Title: | _ |
|--|--|---|------------|
| Addres | s | Address: | _ |
| | | | |
| | | <u> </u> | _ |
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| | REGISTERED AGENT | N 6d - the last | |
| Name: | <u>florida street address</u> (P.O. Box NOT acceptable Bobby Janov |) of the registered agent is: | |
| Address: | 3930 S. Roosevelt Blvd., Unit 203E | — Ā.o. | |
| , 1001033. | Key West, FL 33040 | BECRETA HAR | |
| ARTICLE VII | INCORPORATOR | R - 8 |] |
| | ddress of the Incorporator is: | · · · · · · · · · · · · · · · · · · · | m |
| | Bobby Janov | 19: | O |
| Name: Addr e ss: | 3930 S. Roosevelt Blvd., Unit 203E | AM 9: 33 FLORIDA | |
| Address. | Key West, FL 33040 | — <i>♥₽</i> | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and can | . (OPTIONAL) not be more than five days prior or 90 days after the | |
| Note: If the date the document's e | e inserted in this block does not meet the applical effective date on the Department of State's record | ole statutory filing requirements, this date will not be listed a.s. | S |
| Having been nat this certificate, I | med as registered agent to accept service of proc am familiar with and accept the appointment as | ess for the above stated corporation at the place designated registered agent and agree to act in this capacity | in |
| مسيد | John All Vo | 03/07/2019 | |
| | Required Signature/Registered Agent | Date | - |
| I submit this doc | cument and affirm that the facts stated herein a Department of State constitutes a third degree fet | re true. I am aware that the false information submitted in | ! <i>a</i> |
| (| SWI WWW. | 03/07/2019 | |
| Requ | ired Signature/Inchriphentor | Date | - |