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To:

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

From:

Account Name : TAX CARE DORAL  
Account Number : I20190000008  
Phone : (786)845-8854  
Fax Number : (786)845-8857

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BARSA BAZAAR INTERNATIONAL N.A., INC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 1       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$78.75 |

**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: BARSA BAZAAR INTERNATIONAL N.A., INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
8160 NW 71TH STREET  
MIAMI FL 33166Mailing address, if different is:  
8160 NW 71TH STREET  
MIAMI FL 33166**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: TONI ABOUD - PRESIDENTAddress: 8160 NW 71TH STREET  
MIAMI FL 33166Name and Title: PIERRE ABOUD - VICE PRESIDENTAddress: 8160 NW 71TH STREET  
MIAMI FL 33166Name and Title: JOSEPH ABOUD - DIRECTORAddress: 8160 NW 71TH STREET  
MIAMI FL 33166

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. Box NOT acceptable) of the registered agent is:

Name: TAX CARE DORAL  
Address: 1400 NW 107TH AVE STE 430  
SWEETWATER FL 33172

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GABRIEL HATEM  
Address: 1400 NW 107TH AVE STE 430  
SWEETWATER FL 33172

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/01/2019 (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 of Registered Agent

04/01/2019

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

04/01/2019

Date