

P19000090256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

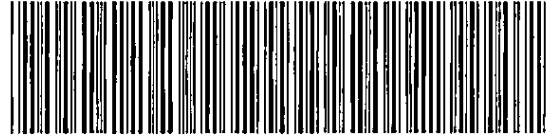
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 DEC -9 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FL

19 DEC -9 9:49

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 12/6/2019

PRIORITY Routine

OUR REF # (Order ID#) 791632

ORDER ENTITY
JOGAB RETAIL INC.

PLEASE PERFORM THE FOLLOWING SERVICES:
JOGAB RETAIL INC. (FL)

New corp filing

NOTES:

\$70.00 Authorized
Email address for annual report reminders: radiv@incserv.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2019 DEC -9 AM 9:46

ARTICLE I NAME

The name of the corporation shall be: JOGAB RETAIL INC.

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

33 BLOOR ST E5TH FL

19 W 34TH ST STE 1018

TORONTO, ON M4W 3H1, CANADA

NEW YORK, NY 10001

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL ACT OR ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIAM BASSILY, PRESIDENT

Name and Title: _____

Address: 10-20 STAFFERN DRIVE

Address: _____

CONCORD, ON L4K 2Z7

CANADA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Incorporating Services Ltd.

Address: 1540 Glenway Drive

Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jiayu Zhang

Address: 19 W 34th St Ste 1018

New York, NY 10001

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SECRETARY OF STATE
TALLAHASSEE, FL

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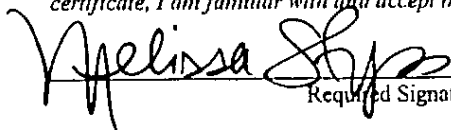
ARTICLE VIII EFFECTIVE DATE:

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.

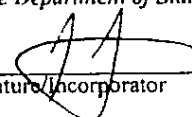
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/6/19
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

Date 12/6/19.