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COVER LETTER

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

Qais, Inc SUBJECT: (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee S78.75 Filing Fee & Certificate of Status

S78.75	S87 .50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED

FROM: Mohammad Ahmed Alajolein Name (Printed or sped) 8681 HC Stinner Parkway # 507 Jacksonville, Fl. 32256 City, State & Zip 1-904-866-3012 Daytime Telephone number M. H/a jD/ein C Gmail. Com 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	ion shall be: <u>Qais</u> , In	<u>c</u> .		
<u>ARTICLE IL PRINC</u>	I <u>PAL OFFICE</u> Principal <u>street</u> address	N	failing address, if different is:	
2011 Eme	rson ST.		· · · · · · · · · · · · · · · · · · ·	
Jucksonville	, F1. 32207			
	the corporation is organized is: $+o - o c$	•		
<u>restaurantin</u>	Jacksonville, Floridae			
				-
			NOV 1	
<u>ARTICLE IV SHARE</u> The number of shares of s				T ``
	LOFFICERS AND/OR DIRECTORS	P)		
Name and Title	mohammed Almad Alajolen	Name and Title	Mohummad Huyel Alfshaickat	(V.P).
	8681 ACSKINNER PARKWOY	Address:	9675 Old Baymendows	21
			# 60 Jucksonville, F1. 322	56
			<i>,</i>	
Address		Address:		
Name and Title:		Name and Title:		
Address		Address:		
	va			

,	*			•	•	

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:

Mohammad Ahmed Alajolein 2681 ACSLINDER Parkway #507 Jacksonville, Fl. 32256 Name: Address:

<u>ARTICLEVII_INCORPORATOR</u>

The name and address of the Incorporator is:

ARTICLE VIII_EFFECTIVE DATE:

12/1/2019____(OPTIONAL) Effective date, if other than the date of filing: (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

11/19/19

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

1/19/17