## P20000 10072

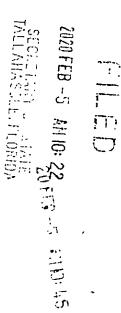
(Requestor's Name)			
(Address)			
(Ac	ddress)		
(Ci	ity/State/Zip/Phon	e #)	
PICK-UP	TIAW	MAIL	
(Bu	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

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K Brumpley

## **COVER LETTER**

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

SUBJECT: SHAKA IMPORT CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

osed 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 & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Co & Certificate Status
		ADDITIONAL COPY REQUIRE	

OCOA HERMANDEZ	Name (Printed or typed)
9010 SW 137 AVE SUIT	E 205
-	Address
MIAMI, FL 33186	
	City, State & Zip
786-422-4209	
	Daytime Telephone number
OLGA@ITAXPROFESSI	ONAL.COM

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 corporat	tion shall be: SHAKA IMPO	RT CORP	
	TPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:  4851 NW 79TH AVE UNIT 4  MIAMI, FL 33166	
4851 NW 79TH AVE	UNIT 4		
MIAMI, FL 33166			
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is: ANY AN	D ALL LAWFUL BUSINES	S
	L OFFICERS AND/OR DIRECTORS	ont.	2020 FEB - 3 - 8.  17ALL SHALL ST.
Name and Title	SABA SALOMON, SAID A, Preside	Name and Title:	
Address		Address:	
	MIAMI, FL 33166		
Name and Title:		Name and Title:	
Address			
Name and Title:		Name and Title:	
Address	,		

Name ar	nd Title:	Name and Title:	
Address		Address:	
	<del></del>		
	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable SABA SALOMON, SAID A	e) of the registered agent is:	
Name:	4851 NW 79TH AVE UNIT 4	<u> </u>	
Address:	MIAMI, FL 33166		
		<u>_</u>	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	SABA SALOMON, SAID A	<del></del>	
Address:	4851 NW 79TH AVE UNIT 4	<u></u>	
	MIAMI, FL 33166	<del></del> _	
Effective date, if	other than the date of filing: 02/05/2020	(OPTIONAL)	
(If an effective of filing.)	late is listed, the date must be specific and ca	nnot be more than five days pri	or or 90 days after the
Note: If the date	inserted in this block does not meet the applications	able statutory filing requirements,	this date will not be listed as
the document's e	effective date on the Department of State's recor	rds.	
Having been nan certificate, I am J	ned as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporation stered agent and agree to act in th	at the place designated in thi
Said A Saba S	alomon		02/05/2020
	Required Signature/Registered Agent		Date
I submit this doc document to the	cument and affirm that the facts stated herein i Department of State constitutes a third degree fe	are true. I am aware that the fal lony as provided for in s.817.155,	se information submitted in E.S.
Said A Saba Sa	alomon		02/05/2020
Required Signatu	re/Incorporator	Date	: