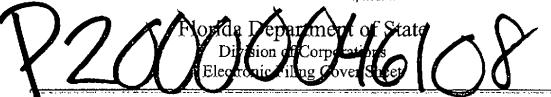
6/24/2020

Division of Corporations



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(((H20000194013 3)))



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HIN Bear

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : I20200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

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

Emall Address: 1 Kalboussi37 @ gmail. com

FLORIDA PROFIT/NON PROFIT CORPORATION THE BEACH SMOKE SHOP INC.

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ARTICLES OF INCORPORATION

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

The name of the corpor	E axion shall be: THE BEQ	CH SMOK	e shop inc
ARTICLE II PRIN	CIPAL OFFICE		ailing address, if different is: 8400 BY201 AVE APT 27 1941 BEOCH, FL 33141
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: ANY AN	D ALL LAWFULL B	USINESS
			
ARTICLE IV SHAR. The number of shares of	stock is: 1000		
	LOTFI KALBOUSSI	Name and Title:	
Address	APT 2F		
Name and Title:	MIAMI BEACH FL 3311		
Address		Address:	
-		- - -	
Name and Title:_ Address _			
-			

FAX No. 305-643-5225 H20000194013 3

Name and	Title:	_ Name and Title:			
Address		_ Address:			
		<u> </u>			
		<u> </u>		_	
	<u>EGISTERED AGENT</u> r <u>ida street address</u> (P.O. Box NOT acceptable) o	f the registered agent is:			
Name:	LOTFI KALBOUSSI	_			
Address:	8400 Byron Ave Apr	2F	A	1172	
-	MIGHT BEACH FL 3312	()	AHASS	20 29 JUH 24	
ARTICLE VII IN	CORPORATOR		<u></u>	70	:
The name and addr	ress of the Incorporator is:		瘦。	$\ddot{\omega}$	į.
Name:	LOTFI KALBOUSSI			21	
Address:	8400 Byron Ave A	ot 2F			
	HIGHI BEACH FL 33	3141			
(If an effective date filing.) Note: If the date ins	er than the date of filing: 06 23 20 20 (C) is listed, the date must be specific and cannot erted in this block does not meet the applicable stive date on the Department of State's records.	be more than five days prior	·		
Having been named o	as registered agent to accept service of process for llar with and accept the appointment as registeres	the above stated corporation at dagent and agree to act in this	capacity	,	
	Required Signature/Registered Agent		06/23 Dat	1000	<u>'</u>
I submit this docume document to the Depo	nt and affirm that the facts stated herein are tr extment of State constitutes a third degree felony t	ue. I am aware that the false is provided for in s.817.155, F.S	information s S	submitte	d in c
	(0)		06/23	1202	<i>1</i> 0
Required Signature/In	corporator	Date -	1.		