

6/24/2020

Division of Corporations

P2000046108

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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.\*\***

Email Address: lkalboussi37@gmail.com

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

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

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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: THE BEACH SMOKE SHOP INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

705 71ST ST  
MIAMI BEACH FL 33141

Mailing address, if different is:

8400 Byron Ave APT 2F  
MIAMI BEACH, FL 33141

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOTFI KALBOUSSI

Name and Title: \_\_\_\_\_

Address 8400 Byron Ave

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

APT 2F

MIAMI BEACH FL 33141

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

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

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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: LOTFI KALBOUSSI  
Address: 8400 BYRON AVE APT 2F  
MIAMI BEACH FL 33141

2020 JUN 24 PM 2:42  
JUL 1 2020  
FALL ANNUAL SEC. FILING

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: LOTFI KALBOUSSI  
Address: 8400 BYRON AVE APT 2F  
MIAMI BEACH FL 33141

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/23/2020 (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 Agent06/23/2020  
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

06/23/2020

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