

# P21000017048

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 : AJ ACCOUNTING SERVICES, INC.  
Account Number : I20110000092  
Phone : (305)448-9584  
Fax Number : (305)448-9569

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

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JERUSALEM STORE CORP.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

FLORIDA DEPARTMENT OF  
CORPORATIONS  
BUREAU OF COMMERCIAL  
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## COVER LETTER

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

2021 FEB 23 PM 4:58

Filing

SUBJECT: Jerusalem Store Corp.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and 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 Copy  
& Certificate of  
Status  
ADDITIONAL COPY REQUIRED

FROM: Jerusalem Store Corp.  
Name (Printed or typed)

2203 AVE E  
Address

FORT PIERCE, FL 34950  
City, State & Zip

305-448-9584  
Daytime Telephone number

jabbourandassociates@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 shall be: Jerusalem Store Corp.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

2203 AVE E2203 AVE EFt. Pierce, FL 34950Ft. Pierce, FL 34950**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

All lawful purposes**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Wael A. M. Hamdan Name and Title: \_\_\_\_\_Address President Address: \_\_\_\_\_2203 AVE E  
Ft. Pierce, FL 34950

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

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

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

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

2001 FEB 23 PM 6:18

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: Wael A. M. HAMDAN  
Address: 2203 AVE E  
FT. PIERCE, FL 34950

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wael A. M. HAMDAN  
Address: 2203 AVE E  
FT. PIERCE, FL 34950

**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*

x Wael Hamdan  
Required Signature/Registered Agent

2/23/21  
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.*

x Wael Hamdan  
Required Signature/Incorporator

2/23/21  
Date