

P21000034088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

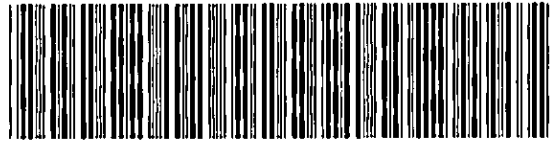
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400363700764

FILED
2021 APR 15 PM 12:36
SECRETARY OF STATE
TALLAHASSEE, FL

04/16/21--01001--009 **70.00

RECEIVED
2021 APR 15 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FL ORIN

2021/4/16

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 4/15 Glinda

- ☐ **CERTIFIED COPY** _____
- XX** **PHOTOCOPY** _____
- ☐ **CUS** _____
- XX** **FILING** INC _____

1. **GAINESVILLE SMOKE SHOP 1 INC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

FILED

ARTICLES OF INCORPORATION

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

2021 APR 15 PM 12:36

ARTICLE I NAME

The name of the corporation shall be: GAINESVILLE SMOKE SHOP 1 INC

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20201 N US HWY 441

PO Box 726

High Springs, FL 32643

Archer, FL 32618

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Smoke Shop

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MAHESHKUMAR PATEL - President

Name and Title:

Address

P O BOX 726

Address:

ARCHER, FL 32618

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MAHESHKUMAR PATEL
Address: 20201 N US HWY 441
High Springs, FL 32643

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MAHESHKUMAR PATEL
Address: 20201 N US HWY 441
High Springs, FL 32643

SECRETARY OF STATE
TALLAHASSEE, FL

2021 APR 15 PM 12:36

FILED

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

MaheshKumar Patel 4/15/2021
Required Signature/Registered Agent 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.

MaheshKumar Patel 4/15/2021
Required Signature/Incorporator Date