	(Requestor's Name)
<del></del>	(Address)
	(rediess)
	(Address)
<del></del>	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer

Office Use Only



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TECRETARY OF STATE LINE CLINIA SSEE, FLORING LINE CLINIA SSEE OF STATE OF S

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

gypt and Dale Retiail	Inc							
				Art of Inc. File				
			<del></del>	LTD Partnership File				
		1		Foreign Corp. File	_			
			<del></del>	L.C. File				
				Fictitious Name File				
				Trade/Service Mark	_ <del>_</del>			
				Merger File		2:		
				Art, of Amend, File		2021 H	,	
				RA Resignation	_	777 	, i	
				Dissolution / Withdrawal			(- <del></del> -	
		'		Annual Report / Reinstatement_	<u> </u>	,## <del>\</del>	_ []_;	
				Cert. Copy		D: 5	$\bigcirc$	
				Photo Copy				
				Certificate of Good Standing			-	
				Certificate of Status				
				Certificate of Fictitious Name			_	
			l —	Corp Record Search				
				Officer Search	-			
				Fictitious Search				
Signature	<u> </u>			Fictitious Owner Search				
5.6				Vehicle Search				
				Driving Record				
Requested by: SETH	05/07/21			UCC 1 or 3 File				
Name	Date	Time	-	UCC 11 Search				
Hallo				UCC 11 Retrieval				
Walk-In Thom seville GA 8/00	•			Courier				

## **COVER LETTER**

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

SUBJECT: Egy	pt and Dale Retail Inc.			
DODOCCI	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an	original and one (1) copy of the art	icles of incorporation and	l a check for:	Ī
® \$70.00 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Cesari Iman	e (Printed or typed)		
	6211 N. Dale Mabry Highway	· • • • • • • • • • • • • • • • • • • •		2021
	Tampa, FL 33614	Address		17
	City,	State & Zip	· · · · · · · · · · · · · · · · · · ·	R D
	Daytime 7	Telephone number		2
	akmancorp@gmail.com			
	E-mail address: (to be use	d for future annual report i	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)

	CIPAL OFFICE	Mailing addre	ess, if different is:
COLL M. Dala Mahmi U	Principal <u>street</u> address	same	,
6211 N. Dale Mabry H	ignway		
Tampa, FL 33614			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: Any and a	Il lawful business practices	
	of stock is: 100		2321 177
ARTHULE V HYLL	TAL OFFICERS AND/ <u>OR DIRECTORS</u>		
	IAL OFFICERS AND/OR DIRECTORS tle: Cesari Iman, President	Name and Title:	1
Name and Ti	tie: Cesari Iman, President	Name and Title:	1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
	tie: Cesari Iman, President	Address:	1
Name and Ti Address	tie: Cesari Iman, President 6211 N. Dale Mabry Highway Tampa, FL 33614	Address:	-7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -
Name and Ti Address	tie: Cesari Iman, President 6211 N. Dale Mabry Highway	Address:	-7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -7 -
Name and Ti Address  Name and Ti	tie: Cesari Iman, President 6211 N. Dale Mabry Highway Tampa, FL 33614	Address: Name and Title: Address:	17 EX. 00 S. S.
Name and Ti Address  Name and Ti Address	tie: Cesari Iman, President 6211 N. Dale Mabry Highway Tampa, FL 33614	Address:  Name and Title:  Address:	

Name an	d Title:	Name and Title:
Address	·	Address:
ARTICLE VI	REGISTERED AGENT Torida street address (P.O. Box NOT accep	otable) of the registered agent is:
Name:	Cesari Iman	
Address:	6211 N. Dale Mabry Highway	
	Tampa, FL 33614	222 21 15 15 17
ARTICLE VII	<u>INCORPORATOR</u>	1 
The <u>name and a</u>	iddress of the Incorporator is:	
Name:	Cesari Iman	
Address:	6211 N. Dale Mabry Highway	<u> </u>
	Tampa, Fl. 33614	
E-CC- ations date	TEFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific an	. (OPTIONAL) nd cannot be more than five days prior or 90 days after the
Note: If the dathe document's	tte inserted in this block does not meet the a effective date on the Department of State's	pplicable statutory filing requirements, this date will not be listed a records.
		process for the above stated corporation at the place designated in the state of th
<del></del>	1	5/2/21
	Required Signature/Registered A locument and affirm that the facts stated his e Department of State constitutes a third deg	erein are true. I am aware that the false information submitted in gree felony as provided for in s.817.155, F.S.
B	- Jana	5/7/201
Required Signa	ature/Incorporator	Date