

P21000042398

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H210001871103)))



H210001871103ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (917) 243-5843

****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
JAKFL CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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: JAKFL CORP

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address5111 NE 18th TerraceFt. Lauderdale FL 33308

Mailing address, if different is:

14 Tideway StreetGreat Neck NY 11024**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Michael Baharestani-Director

Name and Title: _____

Address

5111 NE 18th Terrace

Address: _____

Ft. Lauderdale FL 33308Name and Title: Iren Sedaghatpour-Director

Name and Title: _____

Address

5111 NE 18th Terrace

Address: _____

Ft. Lauderdale FL 33308

Name and Title: _____

Name and Title: _____

Address

Address: _____

2021 MAY 10 AM 10:11
STATE
ALABAMA

FILED

5/4/2021

DrB 2 of 2.bmp

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Michael Baharestani
 Address: 5111 NE 18th Terrace
 Ft. Lauderdale FL 33308

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: Michael Baharestani
 Address: 5111 NE 18th Terrace
 Ft. Lauderdale FL 33308

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 business days prior or 90 business 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 Agent

5/4/21
 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.817.135, F.S.

 Required Signature/Incorporator

5/4/21
 Date