

P21000102438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

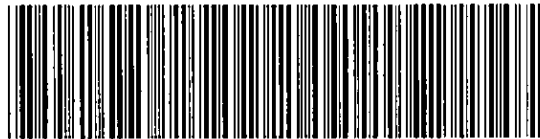
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900377213229

12/09/21--01001--004 **386.25

RECEIVED

2021 DEC -8 PM 3:56

ALLAHASSEE, FL

RECEIVED

2021 DEC -8 AM 8:36

SECRETARY OF STATE
ALLAHASSEE, FL



12905 SW 42 STREET Suite: 210
MIAMI, FL 33175
Phone: 305-444-4994
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. Halals Best, Inc. F21000000471
(CORPORATE NAME) (DOCUMENT #)

2. _____
(CORPORATE NAME) (DOCUMENT #)

3. _____
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In

X Pick up time: _____

☒ Certified Copy

☐ Certificate Of Status

| New Filings | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | Non-Profit |
| <input type="checkbox"/> | Limited Liability |
| <input checked="" type="checkbox"/> | Other: <u>Domestication</u> |

| Amendments | |
|--------------------------|------------------------|
| <input type="checkbox"/> | Amendments |
| <input type="checkbox"/> | Resignation |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Other: |

| Other Filings | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Apostille: |
| <input type="checkbox"/> | Other: |

| | |
|--------------------|--|
| Examiners Initials | |
|--------------------|--|

FILED

2021 DEC -8 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FL

Articles of Domestication
Foreign Corporation Domesticating to Florida

The undersigned, Shlomoh Ben David, President
(Name) (Title)

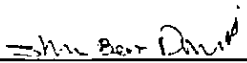
of Halals Best, Inc. F21000000471, a foreign
corporation, in accordance with s. 607.11922, Florida Statutes, submit these Articles of
Domestication.

1. Then name of the domesticating corporation is Halals Best, Inc.
(Foreign Corporation)

2. The jurisdiction and date of its formation is SD 01/21/2021
3. The name of the domesticated corporation is Halals Best, Inc.

4. The jurisdiction of formation of the domesticated corporation is **Florida**
5. The domestication corporation is a foreign corporation and the domestication was
approved in accordance with its organic law.
6. Attached are Florida Articles of Incorporation to complete the domestication
requirements pursuant to s.607.0202, F.S.

I certify I am authorized to sign these Articles of Domestication on behalf of the corporation.


(Authorized Signature)

FILED

2021 DEC -8 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Halals Best, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

2743 Hollywood Blvd Hollywood, FL 33020

Mailing Address

2743 Hollywood Blvd Hollywood, FL 33020

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Producing, marketing and selling meat products

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 2000 common shares

ARTICLE VI REGISTERED AGENT AND STREET ADDRESS

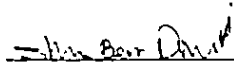
THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT IS:

Shlomoh Ben David

2743 Hollywood Blvd

Hollywood, FL 33020

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.


Signature/Registered Agent

12/6/21
Date

ARTICLE V DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Name & Title: Shlomoh Ben David President

Address: 2743 Hollywood Blvd Hollywood
Florida, 33020

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

Name & Title: _____

Address: _____

I submit this document and affirm that the facts stated herein are true. I am aware that 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.

Shlomoh Ben David
Signature/Authorized Person

12/6/21
Date

REC-78 AM 8:36
OFF STATE
TALLAHASSEE, FL

1 ED