P22000005373

	(Requestor's Name)	
·····	(Address)	<u>.</u>
<u> </u>	(Address)	
	(City/State/Zip/Phone #)	
PICK-UF	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions t	o Filing Officer:	





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CAPITAL CONNECTION, INC.

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

4180 SMOKE IN	NC	
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
<u> </u>		Fictitious Owner Search
Signature		Vehicle Search
		Driving Record
Requested by: SETH	!	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier
174 Ponder's Printing + Thom (avile	DA B/CC	1

COVER LETTER

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

SUBJECT:418	30 Smoke, Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee		☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM:	Teresa De La Rosa, CI Nam	PA c (Printed or typed)	
	814 Ponce De Leon Bl		
	Coral Gables, FL 3313	Address 4 , State & Zip	
	305-385-1099		
	Daytime 1	Telephone number	
	teresa@delarosacpafir	m.com	
	E-mail address: (to be use	ed 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)

The name of the corporation	on shall be: 4180 Smoke, Inc.		
RTICLE II PRINCI P 478 Lake Worth Roa	rincipal street address	Mailing addr 6478 Lake Wortl	ess, if different is: n Road
Greenacres, FL 33460	3	Greenacres, FL 3	33463
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is:ANY Al	ND ALL LAWFUL BUSIN	NESS
			2072 JAN
RTICLE IV SHARE. the number of shares of st			N 27 AM II: 22
Name and Title:	ALA ALHAMED, PRESIDENT	Name and Title:	
Address	6000 PARK OF COMMERCE BLY SUITE E		
-	BOCA RATON, FL 33487		
Name and Title:_	BADR ELMESTOUR, VP	Name and Title:	
Address	947 LIMELIGHT AVE NW	_ Address:	
-	SALEM, OR 97304		
Name and Title:_		Name and Title:	
Address _		Address:	
_			

Name and	Γitle:	_ Name and Title:	
Address		Address:	
		_	
ARTICLE VI RI	EGISTERED AGENT ida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	ALA ALHAMED	_	
Address:	6000 PARK OF COMMERCE BLVD,	STE E	
<u>-</u>	BOCA RATON, FL 33487	_	
ARTICLE VII IN	CORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	ALA ALHAMED	_	
Address:	6000 PARK OF COMMERCE BLVD	, STE E	
	BOCA RATON, FL 33487	_	
Effective date, if ot	FFECTIVE DATE: her than the date of filing: te is listed, the date must be specific and cann	2022 (OPTIONAL ot be more than five days	.) prior or 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the applicable ctive date on the Department of State's records	e statutory filing requiremen	nts, this date will not be listed as
	l as registered agent to accept service of process j illiar with and accept the appointment as registe		
	Ala Alhamed		1/25/2022
-	Required Signature/Registered Agent		Date
	nent and affirm that the facts stated herein are partment of State constitutes a third degree feloi		
•	ala Alhamed		1/25/2022
Required Signature	Incorporator		Pate

• • • •