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.

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To:						
10.	Division of Co	ornorations				
	Fax Number	: (850)617-6381				
From	1:					
	Account Name	: AJ ACCOUNTING SE	RVICES. INC			
	Account Number	`: I20110000092	mirely live.			
	Phone	: (305)448-9584			5 0 5	3
	Fax Number	: (305)448-9569				2
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E	FI.ORIDA PRO	OFIT/NON PROF DAVIE FOOD #1	e email address	please.*	FIRY OF STA	18 PM %
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COVER LETTER

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

SUBJECT: ____

	(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(NOT OBED COM ORX	IE NAME - MOST INCL	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.00 Filing Fec	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	DAVIE FOOD #1 INC.	/D.:J			
		(Printed or typed)			
	591 SW 27TH AVE				
	A	ddress	-		
	FORT LAUDERDALE,	FL 33312			
	City, S	State & Zip			
•	305-448-9584				
	Daytime Tc	lephone number			
	JABBOURANDASS	OCIATES@GMAIL.COM	И		
-	E-mail address: (to be used	for future annual report no	otification)		

DAVIE FOOD #1 INC.

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 corporat	DAVIE FOOD	D #1 INC.	
RTICLE II PRINC	TPAL OFFICE Principal street address	Mailing add	fress, if different is:
591 SW 27TH AVI	E	591 SW 27TH	
FORT LAUDERD	DALE, FL 33312		DERDALE, FL 33312
ARTICLE III PURPO	OSE ne corporation is organized is:		
RTICLE IV SHARE the number of shares of s RTICLE V INITIAL	LOFFICERS AND/OR DIRECTORS SHAHID LILL AH PD		2022 FEB 18 SECRE WAR'S
Name and Title:	591 SW 27TH AVE	Name and Title: Address:	
-	FORT LAUDERDALE, FL 333	 -	PR STATE
Name and Title:_		Name and Title:	
Address _		Λddress:	
Nome and Title		·	
		Name and Title:	 .
Address _		Address:	
-			
	 	<u></u>	

Name and Title:		Name and Title:	
Address		Address:	
ARTICLE VI RE. The name and Flori	GISTERED AGENT da street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	SHAHID ULLAH		
Address:	591 SW 27TH AVE	-	
-	FORT LAUDERDALE, FL 33312	_	
ARTICLE VII IN	CORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	SHAHID ULLAH	_	
Address:	591 SW 27TH AVE		
	FORT LAUDERDALE, FL 33312	= 2	
ARTICLE VIII EF Effective date, if othe (If an effective date filing.)	r than the date of filing:	t be more than five days prior or 90 days after the	
Note: If the date inso the document's effect	bepartment of State's records.	statutory filing requirements, this date will be to be the das	
J	is registered agent to accept service of process fo liar with and accept the appointment as register. UMA UIIA	or the above stated corporation at the place designated in this ed agent and agree to act in this capacity 02/17/2022	
	Required Signature/Registered Agent	Date	
I submit this docume document to the Depa	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony	true I am more that the foles in Co	
Sho	itud Illah _	02/17/2022	
Required Signature/Ir	corporator	Date	