

P220000029509

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : DAQA ACCOUNTING INC.
Account Number : 120210000190
Phone : (786)431-1561
Fax Number : (786)364-0121

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA PROFIT/NON PROFIT CORPORATION

Fadhl 2022 Inc

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

RECEIVED

2022 APR 18 PM 5:00

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DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

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March 24, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAQA ACCOUNTING INC.

SUBJECT: FADHL 2022 INC
REF: W22000038391

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The designation of the registered agent must be at a Florida street address.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

FAX Aud. #: H22000076129
Letter Number: 522A00006923

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TALLAHASSEE, FL

P.O BOX 6327 - Tallahassee, Florida 32314

#220000761293

ATX1

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Fadhl 2022 Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address17035 S Dixie HwyMiami FL 33157

Mailing address, if different is:

900 W 49th ST Ste 311Hialeah, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Smoke Shop**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Fadhl S Alhobishi - President

Name and Title: _____

Address: 17035 S Dixie Hwy

Address: _____

Miami FL 33157

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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ATX1

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: Fadhi S AlhobishiAddress: 17035 S Dixie HwyMiami FL 33157**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Fadhi S AlhobishiAddress: 17035 S Dixie HwyMiami FL 33157**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 4/18/2022 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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**Fwy*

Required Signature/Registered Agent

4/18/2022
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.817.155, F.S.**Fwy*

Required Signature/Incorporator

4/18/2022
Date

#220000761293