

P22000035267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

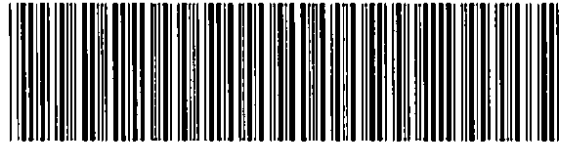
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800387226928

FILED

2022 MAY -4 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAY -4 PM 1:49

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/4/2022

NAME: MEGA KOSHER DISTRIBUTION INC

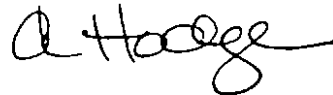
TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: Mega Kosher Distribution Inc

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Hamud Hamdan

Name (Printed or typed)

1920 E Hallandale Beach

Address

Hallandale Beach, FL 33160

City, State & Zip

561-672-4279

Daytime Telephone number

cpaforys@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2022

FLORIDA FILING

SUBJECT: MEGA KOSHER DISTRIBUTION INC
Ref. Number: W22000058983

We have received your document for MEGA KOSHER DISTRIBUTION INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Typo in Article II.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist III

Letter Number: 522A00010488

RECEIVED
2022 MAY 12 PM 1:51
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Please Keep Original File Data
Thanks!

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: Mega Kosher Distribution Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
1920 E Hallandale Beach Blvd #613
Hallandale Beach, FL 33009

Mailing address, if different is:

same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All Legal Purpose

FILED
2022 MAY -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tal Bareket LLC , Manager

Name and Title: David Tamir , Manager

Address 7818 NW 44th ST
Sunrise, FL 33351

Address: 20225 NE 34th CT#1115
Aventura, FL 33180

Name and Title: Simon Nissim Belski, Manager

Name and Title: _____

Address 1920 E Hallandale Beach Blvd
Hallandale Beach, FL 33009

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Hamud Hamdan
Address: 1920 E Hallandale Beach Blvd#613
Hallandale Beach, FL 33009

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Hamud Hamdan
Address: 1920 E Hallandale Beach Blvd#613
Hallandale Beach, FL 33009

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 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

Hamud Hamdan

Required Signature/Registered Agent

05/03/2022

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.

Hamud Hamdan

Required Signature/Incorporator

05/03/2022

Date

FILED
2022 MAY -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FL