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JUMMI, INC.

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

	CITAL OFFICE				
Principal street address		Mailing a	Mailing address, if different is:		
0 OWENS CT LLYWOOD, FL. 33024					
					
RTICLE III PURP					
ie purpose for which	the corporation is organized is: ANY AND	ALL LAWFUL BUSINESS_			
			2022 JUN SEGNERA		
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			23		
			Øc. □ 👯		
			7. 7. 7. 7. 7. 7. 7. 7. 7		
	AL OFFICERS AND/OR DIRECTORS				
Name and Titl	e:P/D/S MD HABIBULLAH SALAMI_	Name and Title:			
Name and Titl Address					
	e:P/D/S MD HABIBULLAH SALAMI	Address:			
	e:P/D/S MD HABIBULLAH SALAMI	Address:			
	e:P/D/S MD HABIBULLAH SALAMI	Address:			
Address Name and Title	e:P/D/S MD HABIBULLAH SALAMI	Address:			
Address	e:P/D/S MD HABIBULLAH SALAMI	Address:			
Address Name and Title	e:P/D/S MD HABIBULLAH SALAMI	Address:			
Address Name and Title Address	e:P/D/S MD HABIBULLAH SALAMI 7380 OWENS CT HOLLYWOOD, FL. 33034	Address: Name and Title: Address:			
Address Name and Title Address	e:P/D/S MD HABIBULLAH SALAMI 7380 OWENS CT HOLLYWOOD, FL. 33034	Address: Name and Title: Address:			
Address Name and Title Address	e:P/D/S MD HABIBULLAH SALAMI 7380 OWENS CT HOLLYWOOD, FL. 33034	Address: Name and Title: Address: Name and Title:			
Address Name and Title Address Name and Title	e:P/D/S MD HABIBULLAH SALAMI 7380 OWENS CT HOLLYWOOD, FL. 33034	Address: Name and Title: Address: Name and Title:			
Address Name and Title Address Name and Title	e:P/D/S MD HABIBULLAH SALAMI 7380 OWENS CT HOLLYWOOD, FL. 33034	Address: Name and Title: Address: Name and Title:			

•			
Name and	f Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	MD HABIBULLAH SALAMI		
Address:	7380 OWENS CT		
	HOLLYWOOD, FL. 33024		2
			022 5EC TA
ARTICLE VII	INCORPORATOR		2022 JUN 23 SEUKE MANA
The name and ad	dress of the Incorporator is:		23 T
Name:	MD HABIBULLAH SALAMI		SSEEL F
Address:	7380 OWENSCT.	<u></u>	
	HOLLYWOD, FL. 33024		59
Effective date, if of (If an effective date) Note: If the date	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and car inserted in this block does not meet the applical fective date on the Department of State's recor-	anot be more than five days ole statutory filing requiremen	prior or 90 days after the
Having been nam certificate, I am fo	ed as registered agent to accept service of proces amiliar with and accept the appointment as reg	s for the above stated corporal istered agent and agree to act	tion at the place designated in this in this capacity
Holo	oullar		06/23/2022
	Required Signature/Registered Agent		Date
I submit this docu document to the L	ument and offirm that the facts stated herein a Department of State constitutes a third degree fo	re true. I am aware that the clony as provided for in s.817	false information submitted in a .155, F.S.
H-do-	Unellah		06/23/22

Date

Required Signature/Incorporator