

P22000053024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

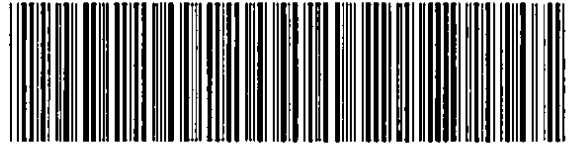
(Document Number)

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2022 JUN 29 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2022 JUN 29 PM 4:54

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Smoke and Vape Baymeadows 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: _____

Brett Isaac

Name (Printed or typed)

2151 University Blvd S

Address

Jacksonville, FL 32216

City, State & Zip

904-742-2388

Daytime Telephone number

Brett@isaactaxcpa.com

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

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ARTICLE I NAME

The name of the corporation shall be:

Smoke and Vape Baymeadows Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8354 Baymeadows Rd
Jacksonville, FL 32256

Mailing address, if different is:

Same as Principal

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Smoke and Vape Shop

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fadi Khazaal President

Address: 1008 Bali Place
Jacksonville, FL 32216

Name and Title: Fadi Barakat Vice President

Address: 8234 Hedgewood Drive
Jacksonville, FL 32208

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

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: Brett Isaac

Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

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

Name: Brett Isaac

Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/26/2022 (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 in recent 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

Brett Isaac
Required Signature/Registered Agent

6/26/2022
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.

Brett Isaac
Required Signature/Incorporator

6/26/2022
Date

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TALLAHASSEE, FL