

P23 000000 8790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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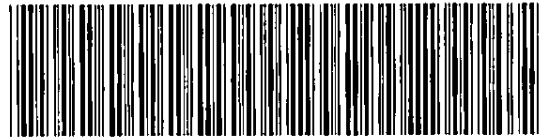
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 FEB -3 PM 3:39

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DIRECTOR OF REVENUE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Jax Smoke Depot 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Nemer Mohammad
Name (Printed or typed)

10304 Riverburn Dr.
Address

Tampa, FL 33617
City, State & Zip

850 510 7887
Daytime Telephone number

nehad576@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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)

ARTICLE I NAME

The name of the corporation shall be: Jax & Smoke Depot Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:
5500 Normandy Blvd
Jacksonville, FL 32205

Mailing address, if different is:

P.O. Box
7285
Tallahassee, FL 32314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sell Tobacco products

ARTICLE IV SHARES

The number of shares of stock is: (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nemer Mohammad (President) Name and Title: _____

Address: 10304 Riverburn Dr. Address: _____
Tampa, FL 33647.

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL 32301

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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: Nemer Mohammad

Address: 10304 Riverburn Dr.

Tampa, FL 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nemer Mohammad

Address: 10304 Riverburn Dr.

Tampa, FL 33647

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TALLAHASSEE, FL 09101

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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

Required Signature/Registered Agent

2/3/2023
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.

Required Signature/Incorporator

2/3/2023
Date