

P23000010398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

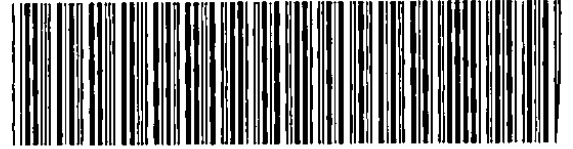
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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S. CHATHAM  
FEB 10 2023

02/03/23--01002--017 \*\*7

2023 FEB -9 AM 11:02  
ALLAHASSEE, FL

2023 FEB -9 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

**CORPORATE**

*When you need ACCESS to the world*

**ACCESS,  
INC.**

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 02/09/2023

- ☐ **CERTIFIED COPY** \_\_\_\_\_
- XX** **PHOTOCOPY** \_\_\_\_\_
- ☐ **CUS** \_\_\_\_\_
- XX** **FILING** ARTICLES \_\_\_\_\_

1. GAINESVILLE SMOKE SHOP 4 INC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: GAINESVILLE SMOKE SHOP 4 INC

**ARTICLE II PRINCIPAL OFFICE** Principal street address

Mailing address, if different is:

5999 Dundee RD # 250

11 HWY 630 E

Winter Haven, FL 33884

Frostproof, FL 33843

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any lawful purpose

**ARTICLE IV SHARES**

The number of shares of stock is: 200

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Manish Patel- President

Name and Title: Maulik Patel- Vice President

Address 11 HWY 630 E

Address: 11 HWY 630 E

Frostproof, FL 33843

Frostproof, FL 33843

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2023 FEB -9 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Manish Patel  
Address: 11 HWY 630 E  
Frostproof, FL 33843

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maulik Patel  
Address: 11 HWY 630 E  
Frostproof, FL 33843

**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*

Manish Patel  
Required Signature/Registered Agent

02/09/23  
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.*

Maulik Patel  
Required Signature/Incorporator

Date 02/09/23  
2023 FEB -9 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FL  
FILED