

P23000015833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

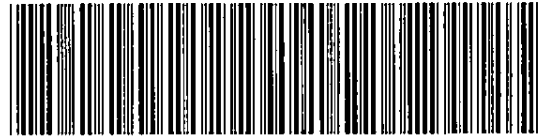
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300402119603

S. CHATHAM
MAR - 2 2023

FILED

2023 MAR - 1 PM 2:21


SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2023 FEB 23 PM 3:44
DIRECTOR'S OFFICE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: I20210000160: \$ 70.00

Authorization Signature: 

Smoke and Vape Atlantic Inc _____
BUSINESS NAME **DOCUMENT #**

☐ Certified Copy of Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other
☒ **CORP**
☐ **LLLP**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE _____
Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ **Statement of Authority**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement
☐ Other



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2023

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: SMOKE AND VAPE ATLANTIC INC
Ref. Number: W23000025950

We have received your document for SMOKE AND VAPE ATLANTIC INC.
However, the document has not been filed and is being returned for the following:

The document must state the number of shares of authorized stock. The
consultation of a legal counsel is always recommended if uncertain of the
appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850)
245-6000.

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 423A00004514

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2023 MAR -1 PM 1:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Smoke and Vape Atlantic Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>Fadi Barakat</u> <u>10750 ATLANTIC BLVD Ste 15</u> <u>Jacksonville, FL 32225</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate retail vape shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Fadi Barakat-President</u> Address: <u>8234 Hedgewood Drive</u> <u>Jacksonville, FL 32216</u>	Name and Title: _____ Address: _____ _____ _____
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Name and Title: <u>Alfred Bozaya-Vice President</u> Address: <u>12633 Enchanted Hollow Dr</u> <u>Jacksonville, FL 32216</u>	Name and Title: _____ Address: _____ _____ _____
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Name and Title: _____ Address: _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
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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: Fadi Barakat

Address: 8234 Hedgewood Drive
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

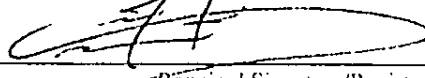
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/23/2023. (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.

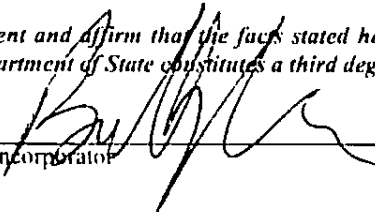
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/23/23
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.



Required Signature/Incorporator

Date

2/23/23

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SECRETARY OF STATE
TALLAHASSEE, FL