

P23000017943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

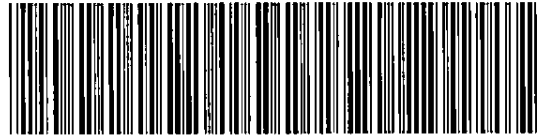
(Business Entity Name)

(Document Number)

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

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MAR - 9 2023

2023 MAR - 8 PM 1:30  
SECRETARY OF STATE  
TALLahassee, FL

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2023 MAR - 8 PM 4:04  
TALLahassee, FL

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

Please use funds from this account: 120210000160: **87.50**

Authorization Signature: *Jan Kellon*

Sedra 1 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**

**AMMENDMENTS**

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

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE** -

**Country**

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Sedra 1 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, 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  
904-730-9264  
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)

**ARTICLE I NAME**

The name of the corporation shall be: Sedra 1 Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 4429 Blanding BLvd  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
Jacksonville, FL 32210

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Operate a convenience Store.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Louai Khashouf-President Name and Title: \_\_\_\_\_  
Address: 12088 Mandrake Woods ct Address: \_\_\_\_\_  
Jacksonville, FL 32223

Name and Title: Wisam Mhessin\_ Vice President Name and Title: \_\_\_\_\_  
Address: 12088 Mandrake Woods ct Address: \_\_\_\_\_  
Jacksonville, FL 32223

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ 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: Louai Khashouf  
12088 Mandrake Woods ct  
 Address: Jacksonville, FL 32223  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Brett Isaac  
 Address: 2151 University Blvd S  
Jacksonville, FL 32216

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/07/2023. (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 3/7/23  
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 3/7/23  
Date