

P230000024932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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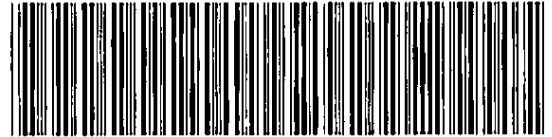
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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S. CHATHAM

APR - 4 2023

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2023 APR -4 PM 1:42
CLERK OF STATE
TALLAHASSEE, FL

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2023 APR -4 AM 10:58
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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

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

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☐ **CERTIFIED COPY**

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INC

1. **GAINESVILLE SMOKE SHOP 5 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 5 Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1126 1st Street S

1126 1st Street S

Winter Haven, FL 33880

Winter Haven, FL 33880

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: Manishkumar Patel - President

Name and Title: Maulik Patel - Vice President

Address: 1126 1st Street S

Address: 1126 1st Street S

Winter Haven, FL 33880

Winter Haven, FL 33880

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

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: Manishkumar Patel
Address: 1126 1st Street S
Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

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

Name: Manishkumar Patel
Address: 1126 1st Street S
Winter Haven, FL 33880

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

Manishkumar Patel
Required Signature/Registered Agent

3/31/2023
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.

Manishkumar Patel
Required Signature/Incorporator

3/31/2023
Date

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