

P23000041538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

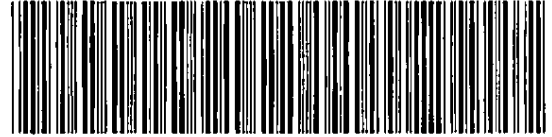
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800407603268

S. CHATHAM
MAY 31 2023

05/26/23--01001--007 **70.00

FILED RECEIVED
2023 MAY 30 AM 8:47
2023 MAY 25 PM 2:22
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2023

CORPORATE ACCESS, INC.

SUBJECT: BAR AND CIGAR, INC.
Ref. Number: W23000075277

Corrected

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

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

Summer Chatham
Regulatory Specialist III
Director's Office

Letter Number: 223A00012086

RECEIVED

2023 MAY 30 AM 10:47
DIVISION OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Bar And Cigar, 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

☐ \$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Denise Morrill
Name (Printed or typed)

2200 Lucien Way Suite 420
Address

Maitland, FL 32751
City, State & Zip

(407) 966-1818
Daytime Telephone number

denise@liquorlicenseprofessional.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: Bar And Cigar, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3915 Brookdale CT
Jacksonville, FL 32277

ARTICLE III PURPOSE

~~The purpose for which the corporation is organized is:~~

Any and all Legal Business

ARTICLE IV SHARES

~~The number of shares of stock is:~~

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President, Wassim Kazinni

Name and Title: _____

Address 3915 Brookdale CT

Address: _____

Jacksonville, FL 32277

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Wassim Kazinni

Address: 3915 Brookdale CT

Jacksonville, FL 32277

ARTICLE VII INCORPORATOR

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

Name: Wassim Kazinni

Address: 3915 Brookdale CT

Jacksonville, FL 32277


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.

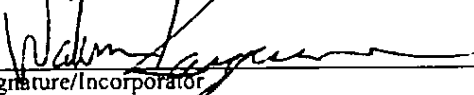
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

May 25, 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

May 25, 2023

Date

2023 MAY 30 AM 8:47
SECRETARY OF STATE
FLORIDA