

PA3000049876

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

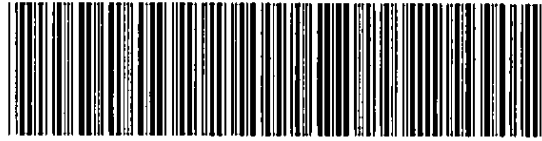
(Business Entity Name)

(Document Number)

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

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Office Use Only



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*Jeffrey*  
*7/10/23*

FILED

2023 JUL -5 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2023 JUL -5 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Please use this account number for payment: I20210000160: \$70.00

Authorization Signature: 

Elian Salami Inc

Business

Doc#

   **Certified Copy of Articles**

   **Certificate of Status**

**NEW FILINGS**

   Profit Corp  
   Not for Profit  
   Officer/Director  
   Limited Liability  
   Domestication  
   Other  
   **X** **CORP**  
   **LLLP**

**AMENDMENTS**

   Amendment  
   Resignation of R.A. or member  
   Dissolution  
   Change of Registered Agent  
   Revocation of Dissolution  
   Merger  
   **Conversion**  
   **Amended and restated Articles**  
   **Statement of Authority**

**OTHER FILINGS**

   **Trademark**  
   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:** Elian Salami 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.

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TALLAHASSEE, FL

**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: Elian Salami Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6125 Powers Avenue

same

Jacksonville, FL 32217

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

To operate A convenience Store.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Issa Salami President

Name and Title: Eman Aljaber-Vice President

Address 5073 Redford Manor Dr

Address: 5073 Redford Manor Dr

Jacksonville FL 32258

Jacksonville, FL 32258

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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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: Issa Salmal  
Address: 5073 Redford Manor Dr  
Jacksonville, FL 32258

**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: 07/05/2023 (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*

X [Signature] 7/5/23  
Required Signature/Registered Agent 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.*

[Signature] 7/5/23  
Required Signature/Incorporator Date

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