

P23000072693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

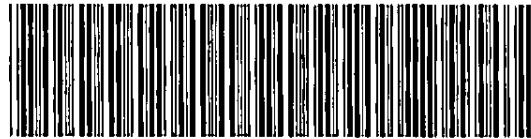
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DEPARTMENT OF STATE
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: _____

Duval Smoke & Ink, Inc.

Business Name

P20000014907

Doc. #

___ Certified Copy of

___ Certificate of Status

NEW FILINGS

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

AMENDMENTS

- X Amendment
- ___ Resignation of R.A.
- ___ Change of Registered Agent
- ___ Revocation of 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: _____

Release and Permission to Use Name

10/9/23

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Dural Smoke & Ink, inc.

Florida Doc. Number: P20000014907

The date the document was filed with the Division of Corporations: 2/20/2020

I give my permission to release the name: Dural Smoke & Ink, inc.

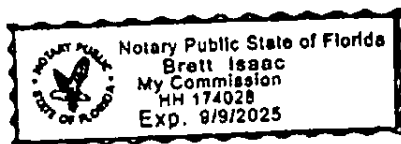
to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

Sincerely,

Signed name: [Signature]

Printed Name: Hosam Aboaytta Title: President

(NOTARY)



[Signature]

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

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: Duval Smoke & Ink Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>8282 103rd St</u> <u>Jacksonville, FL 32210</u>	Mailing address, if different is: _____ _____ _____
--	--

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a smoke shop.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Hosam Aboaytta</u> Address <u>8282 103rd St</u> <u>Jacksonville, FL 32216</u> _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

2013 OCT 10 PM 2:48

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: Brett Isaac

Address: 2151 University Blvd S

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: 10/09/2023. (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

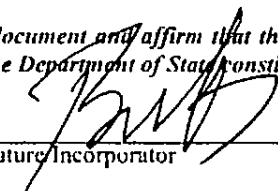


Required Signature Registered Agent

10/9/23

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

10/9/23

Date

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