

P230000 82408

(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



600419577826

FILED

2023 NOV 30 PM 1:22

ADAMS

11/29/23 01:22:11 \*\*70.00

RECEIVED

2023 NOV 30 PM 1:22

RECORDS OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: AAALK 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: AAALK INC

Name (Printed or typed)

2871 ALEXIS LANE

Address

TALLAHASSEE, FL 32308

City, State & Zip

(347) 446-6342

Daytime Telephone number

DPUMPURS@AWWADAND ASSOCIATES.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: AAALK INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2871 ALEXIS LANE

TALLAHASSEE, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: SMOKE SHOP

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: EYAD ALKHADASHI (PRESIDENT) Name and Title: \_\_\_\_\_

Address 2871 ALEXIS LANE Address: \_\_\_\_\_

TALLAHASSEE, FL 32308 \_\_\_\_\_

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

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

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

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

FILED  
2023 NOV 30 PM 1:22  
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: EYAD ALKHADASHI  
Address: 2871 ALEXIS LANE  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EYAD ALKHADASHI  
Address: 2871 ALEXIS LN  
TALLAHASSEE, FL 32308

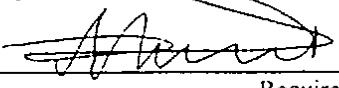
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 11/30/2023. (OPTIONAL)

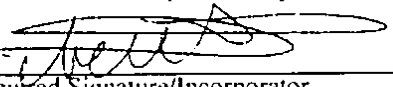
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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*

 11/30/2023  
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.*

 11-30-23  
Required Signature/Incorporator Date