

Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
 Account Number : I20020000140
 Phone : (561)844-3600
 Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: KD@CohenNorris.com

**FLORIDA PROFIT/NON PROFIT CORPORATION
 AMERICAN HALAL MEAT INC.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: AMERICAN HALAL MEAT 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: COHEN NORRIS WOLMER RAY TELEPMAN BERKOWITZ & COHEN
Name (Printed or typed)

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City, State & Zip

561-844-3600

Daytime Telephone number

KD@COHENNORRIS.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2023 DEC 22 PM 4:44

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AMERICAN HALAL MEAT INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

270 RAYMOND BLVD.136 LAKESHORE DR. SUITE 611NEWARK, NEW JERSEY 07105NORTH PALM BEACH, FL 33408**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: OMAR MADY, P. DIR.Name and Title: SIHAM MADY, VP, S. DIR.Address 136 LAKESHORE DR. SUITE 611
NORTH PALM BEACH, FL 33408Address: 136 LAKESHORE DR. SUITE 611
NORTH PALM BEACH, FL 33408Name and Title: ALAAE MAHMOUD, T. DIR.

Name and Title: _____

Address 79 ARIZONA AVENUE
OLD BRIDGE, NEW JERSEY 08857

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2023 DEC 22 PM 4:14

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: COHEN NORRIS WOLMER RAY TELEPMAN BERKOWITZ & COHENAddress: 712 U.S. HIGHWAY ONE, SUITE 400NORTH PALM BEACH, FL 33408**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: SIHAM MADYAddress: 136 LAKESHORE DR., SUITE 611NORTH PALM BEACH, FL 33408**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 AgentDECEMBER 22, 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/IncorporatorDECEMBER 22, 2023

Date

2023 DEC 22 PM 4:44