## P24000001995

<del>-</del>	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
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PICK-UP	WAIT MAIL
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	(Business Entity Name)
	(Sasiless Clarky Harrie)
	(Document Number)
	,
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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Office Use Only



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FLORIDA CAPITAL COURIER SERVICES, IN	С			
2330 CLARE DR				
TALLAHASSEE, FL 32309				
(850) 524–5437 / (850) 524–6243 / (850)	491–9625			
Please use funds from this account:  20210000160: \$70.00				
Authorization Signature:     Authorization   Authorities   Authorities				
HUFF & PUFF SMOKE SHOP 2, INC.				
BUSINESS NAME	DOCUMENT #			
Certified Copy				
Certificate of Status				
NEW FILINGS	AMMENDMENTS			
Profit Corp	Amendment			
Not for Profit	Resignation of R.A. Officer/Director			
Limited Liability	Change of Registered Agent			
Domestication	Revocation of Dissolution			
LLLP	Merger			
_X_CORP	Articles of Conversion			
Other	Restated Articles of Incorporation			
Other	Statement of Authority			
OTHER FILINGS	REGISTERATION/QUALIFICATIONS			
Apostille	Foreign Filing			
Country	Reinstatement			
Annual Report	Qualification			
Fictitious Name	Other			

EXAMINER'S INITIALS:\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DR TALLAHASSEE, FL 32309 (850) 524-5437 / (850) 524-6243 / (850) 491-9625 Please use funds from this account: 120210000160: \$70.00 futulh Authorization Signature: HUFF & PUFF SMOKE SHOP 2, INC. **BUSINESS NAME DOCUMENT #** \_\_Certified Copy Certificate of Status **NEW FILINGS AMMENDMENTS** Amendment \_\_Profit Corp Resignation of R.A. Officer/Director \_\_Not for Profit Limited Liability \_\_Change of Registered Agent Revocation of Dissolution Domestication \_\_Merger LLLP \_X\_CORP Articles of Conversion Restated Articles of Incorporation Other \_\_Other \_\_Statement of Authority REGISTERATION/QUALIFICATIONS OTHER FILINGS \_\_Foreign Filing \_\_Apostille Reinstatement \_\_Country Qualification \_\_\_Annual Report Fictitious Name Other

EXAMINER'S INITIALS:\_\_\_\_

## **COVER LETTER**

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

SUBJECT:	Huft & Puft Smoke Shop 2, INC.				
	(PROPOSED CORPOR	NTE NAME - <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate o Status		
			- REQUIRED		
FROM;	Brett Isaac				
	Name (Printed or typed)				
	2151 University Blvd S				
	Jacksonville, FL 32216	Address			
	City, State & Zip				
	904-730-9264				
	Daytime Telephone number				
	Brett@isaactaxcpa.com				
	E-mail address: (to be use	d for future annual report n	otification)		

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)

	on shall be: Huff & Puff Smoke	······	
CLE II PRINCI P :61 Edgewood Av	PAL OFFICE rincipal street address ve west Unit 16	M	iailing address, if different is:
cksonville, FL 32	2209	<del> </del>	
CLE III PURPOS			
arpose for which the	corporation is organized is: To Op	erato a smoke sho	pp & Tobacco
		T-178.6.	
		, <del>,,,,,,</del>	**************************************
· · · · · · · · · · · · · · · · · · ·	10 = 10.211		
			41-195**-1
initioet of shares of se	2 1000 ock is:	<del></del>	
ICLE V INITIAL	OFFICERS AND/OR DIRECTORS	Name and Title	
Name and Title:	OFFICERS AND/OR DIRECTORS  Nasif Albehara President		
ICLE V INITIAL	OFFICERS AND/OR DIRECTORS		
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225		
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President	Address:	
Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President  3608 Hoover Lane	Address:	
Name and Title:_ Address Name and Title:_	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President	Address:	
Name and Title:_ Address Name and Title:_	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President  3608 Hoover Lane	Address:	
Name and Title:_ Address  Name and Title:_ Address  Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President  3608 Hoover Lane	Address:	20
Name and Title:_ Address  Name and Title:_ Address  Name and Title:_ Address	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President  3608 Hoover Lane  Jacksonville, FL 32277	Address:	20
Name and Title:  Address  Name and Title:  Address  Name and Title:  Address  Name and Title:	OFFICERS AND/OR DIRECTORS  Nasif Albehara President  12626 Tropic Drive E  Jacksonville, FL 32225  Christian Dakhil Vice President  3608 Hoover Lane  Jacksonville, FL 32277	Address:	20

Name and	d Title:	Name and Title:
Address		
ARTICLE VI I	REGISTERED AGENT orida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Brett Isaac	<u> </u>
Address:	2151 University BLvd S	
	Jacksonville, FL 32216	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Brett Isaac	
	2151 University Blvd S	<del></del>
	Jacksonville, FI 32216	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
	inserted in this block does not meet the app ffective date on the Department of State's re	licable statutory filing requirements, this date will not be listed as ecords.
Having been nam certificate, I am fo	amiliar with and actept the Appointment as	ocess for the above stated corporation at the place designated in the registered agent and agree to act in this capacity
r 4 to 42 . 4	Required Signature/Registered Age	
I submit this doc document to the L	ument and affirm that the facts spated here Department of State constitutes aftered degre	in are true. I am aware that the false information submitted in c felony as provided for in s.817.155, F.S.
Required Signatu	re/Incorporator	Date

2024

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