

P240xx14311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

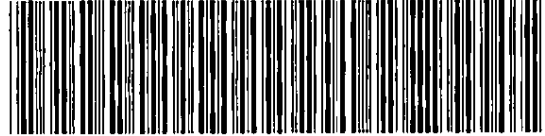
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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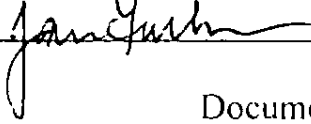
2024 FEB 26 PM 3:20  
STATE  
TALLAHASSEE, FL

RECEIVED

2024 FEB 26 AM 10:55  
STATE  
TALLAHASSEE, FL (CIR)

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

Please use funds from this account: 12021000160: \$70.00

Authorization Signature:   
Albasha Inc.  
Business \_\_\_\_\_ Document # \_\_\_\_\_

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Mail out ☐ Will wait

☐ Certified copy of articles

☐ Certificate of Status

**NEW FILINGS**

☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other  
☒ **CORP**  
☐ **LLLP**

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL \_\_\_\_\_  
Country

**AMMENDMENTS**

☐ Amendment  
☐ Resignation of R.A. Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger  
☐ **Conversion**

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing  
☐ Limited Partnership  
☐ Reinstatement

☐ Other

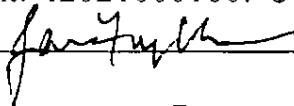
FILED  
FEB 26 AM 9:00  
TALLAHASSEE, FL

FILED

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

FLORIDA CAPITAL COURIER SERVICES, INC  
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(850) 524-5437  
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☐ Other

EXAMINER'S INITIALS:                     

FILED  
JAN 26 AM 9:21  
TALLAHASSEE, FL

FILED

**Release and Permission to Use Name**

(Date)

To: **Florida Department of State Division of Corporations**

Re: **Release and permission to use name**

Entity's name: Albasha Inc.

Florida Doc. Number: P22000067675

The date the document was filed with the Division of Corporations: 08/29/2022

I give my permission to release the name: Albasha 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: X

Printed Name: Ayman Alfarah

Title: President

(NOTARY)

*Brett Isaac*



2/24/24

FILED  
FEB 26 AM 9:22  
STATE  
SECRET  
FL

FILED

## COVER LETTER

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

**SUBJECT:** Albasha 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

☐ \$73.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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.

FILED  
2013 FEB 26 AM 10:01  
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: Albasha, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5230 Baymeadows Rd Ste 3-4

Jacksonville, FL 32257

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate an ethnic grocery store.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title Aymn Alfarah President

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

Address 6963 La Loma Dr

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

Jacksonville FL 32217

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
FEB 26 AM 11:22  
CLERK OF DISTRICT COURT  
JACKSONVILLE, 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: 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

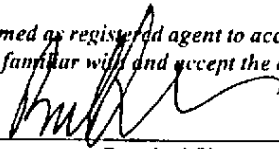
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

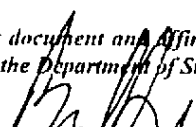
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2/24/24  
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.*

  
2/24/24