

P24000017407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

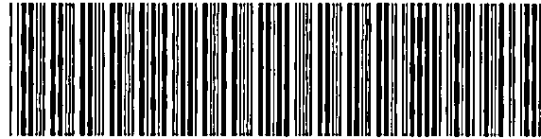
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TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: BROTHERS DELI 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: ADAM ABOU-GHOSH
Name (Printed or typed)

2460 S MERIDIAN ROAD

Address

TALLAHASSEE, FL 32301

City, State & Zip

850-559-8280

Daytime Telephone number

ADAMGOSH89@GMAIL.COM

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

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TALLAHASSEE, FL

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: BROTHERS DELI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2460 S MERIDIAN ROAD
TALLAHASSEE, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AHMAD ABOU-GHOSH, PRESIDENT Name and Title: SALEH MUSTAFA, VICE PRESIDENT

Address 4222 BEN BLVD
TALLAHASSEE, FL 32303

Address: 4412 COOL EMERALD DR
TALLAHASSEE, FL 32303

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: AHMAD ABOU-GHOSH _____

Address: 4222 BEN BLVD _____

TALLAHASSEE, FL 32303 _____

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: AHMAD ABOU-GHOSH _____

Address: 4222 BEN BLVD _____

TALLAHASSEE, FL 32303 _____

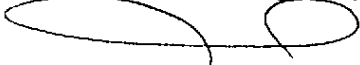
ARTICLE VIII EFFECTIVE DATE:

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

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

Date _____

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