

P24000020952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

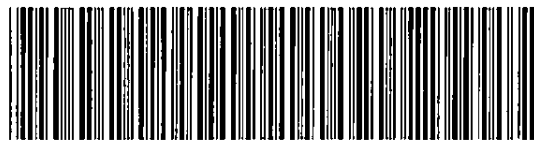
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~W240000416365~~

T.S.H  
3/26/24

**AFFIDAVIT**  
(SWORN STATEMENT)

FEBRUARY 21, 2024

My legal name is JACOB GHAAHARI ("Affiant") and acknowledge I am:

- Age: 53
- Address: 8950 Edgewater Place Parkland, FL 33076
- Residency: FLORIDA

Being duly sworn, hereby swear under oath that:

I will not reinstate the dissolution of JAY GHAAHARI INC Document Number P22000024799 FEI Number 562611444, I am releasing the name, and I have no intention of reinstating the business.

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Affiant's Signature: \_\_\_\_\_

Date: 02/21/24

**NOTARY ACKNOWLEDGEMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of FLORIDA

County of BROWARD

On 21 day of FEBRUARY, 2024 before me, SUSANA GUZSVANY, personally appeared JACOB GHAAHARI, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of FLORIDA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public \_\_\_\_\_



SUSANA GUZSVANY  
Commission # HH 231367  
Expires February 21, 2026

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REC. FEB 23 PM 1:11

FILED

## COVER LETTER

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

SUBJECT: JAY GHAHARI 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: Jacob Ghahhari  
Name (Printed or typed)

8950 Edgewater PL  
Address

Parkland, FL 33076  
City, State & Zip

386-843-0225 or 386-843-0002  
Daytime Telephone number

bahoc5@hotmail.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: Jay Ghahari INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
400 FREEMONT AVE #51  
Daytona Beach, FL 32114

Mailing address, if different is:  
8950 Edgewater PL  
Parkland, FL 33076

**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: 1

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

Name and Title: Jacob Ghahari Owner Name and Title: \_\_\_\_\_

Address: 400 FREEMONT AVE #51 Address: \_\_\_\_\_  
Daytona Beach, FL 32114

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

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

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

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

**FILED**  
FEB 29 9 41 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Jacob Ghahhari

Address: 400 Fremont Ave #51  
Daytona Beach, FL 32114

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jacob Ghahhari

Address: 400 Fremont Ave #51  
Daytona Beach, FL 32114

**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*

Jacob Ghahhari  
Required Signature/Registered Agent

02/21/24  
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.*

Jacob Ghahhari  
Required Signature/Incorporator

Date 02/21/24  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
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Address

Parkland, FL 33076  
City, State & Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FEB 22 2007

FILED

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DAYTONA BEACH, FL 32114

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Jacob Ghahhari  
Required Signature/Incorporator

02/21/24  
Date