

P24000024272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

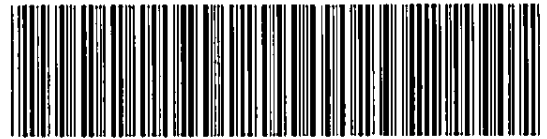
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



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04/08/24--01005--012 \*\*70.00

FILED  
2024 APR -8 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 APR -8 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: K&S# TOWN FOOD, 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: A & A Business Services, INC.  
Name (Printed or typed)

7751 Kingspointe Parkway Suite 125  
Address

Orlando, FL 32819  
City, State & Zip

(407) 383-7812  
Daytime Telephone number

aabusinessfl@yahoo.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: K&SH TOWNFOOD, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address  
437 W. Kennedy BLVD.  
Orlando, FL 32810

Mailing address, if different is:  
437 W. Kennedy BLVD.  
Orlando, FL 32810

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JIHAD T. SHOUHAN

Name and Title: President

Address: 13106 Rushstone Ct  
Orlando, FL 32832

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

Name and Title: Ameer K. Nalin

Name and Title: President

Address: 9036 Flat Rock Ln  
Orlando, FL 32832

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

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

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

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

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

FILED  
2024 APR - 8 PM 1:29  
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: JIHAD T. SHUMAN

Address: 13106 Ruskstone Ct  
Orlando, FL 32832

**ARTICLE VII INCORPORATOR**

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

Name: JIHAD T. SHUMAN

Address: 13106 Ruskstone Ct  
Orlando, FL 32832

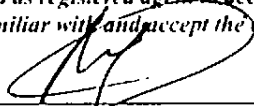
**ARTICLE VIII EFFECTIVE DATE:**

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*

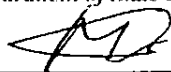


\_\_\_\_\_  
Required Signature/Registered Agent

4/05/24

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

4/05/24

\_\_\_\_\_  
Date