

P240000025448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

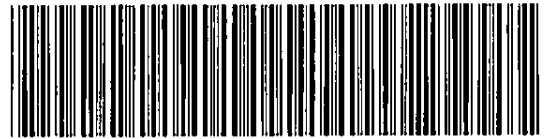
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer

Office Use Only



800426624968

04/13/24--01004--003 14:37.50

FILED

APR 11 PM 1:11  
STATE  
TALLAHASSEE, FL

RECEIVED

2024 APR 11 PM 4:27  
TALLAHASSEE, FLORIDA

## Advanced Incorporating Service

1317 California Street  
P.O. Box 20396  
Tallahassee, FL 32316

Phone: 850-222-CORP  
Fax: 850-575-2724  
Email: [wlopez@aisincfl.com](mailto:wlopez@aisincfl.com)  
Website: [www.aisincfl.com](http://www.aisincfl.com)

NAME OF ENTITY  
Sushi Hosomaki Cafe, Inc

FOR OFFICE USE ONLY

### PICK ONE:

☒ CERTIFIED COPY ☐ PHOTOCOPY ☒ C.U.S.

### FILING:

☒ CORPORATION ☐ LLC ☐ LIMITED PARTNERSHIP ☐ GENERAL PARTNERSHIP  
☐ FICTITIOUS NAME ☐ SERVICE MARK/TRADEMARK ☐ AMENDMENT  
☐ FOREIGN QUALIFICATION ☐ JUDGMENT LIEN  
☐ OTHER \_\_\_\_\_

### RETRIEVAL:

☐ GOOD STANDING CERT/C.U.S. ☐ CERTIFIED COPY ☐ PHOTOCOPY  
Of \_\_\_\_\_

### APOSTILLE/NOTARY CERTIFICATION REQUEST:

Country \_\_\_\_\_

Amount of Documents \_\_\_\_\_

DATE 4/11/24 TIME \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

FILED  
2024 APR 11 PM 1:33  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**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: Sushi Hosomaki Cafe, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1000 Brickell Avenue

Suite 139

Miami, FL 33131

Mailing address, if different is:

594 Dean Street

Ste 53

Brooklyn, NY 11238

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Virtual Brand, Hospitality, Marketing

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Garland Shields President

Address 594 Dean Street

Ste 53

Brooklyn, NY 11238

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

FILED  
JUN 11 2013  
CLERK OF DISTRICT COURT  
SOUTH DISTRICT OF FLORIDA  
MIAMI, 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: Nikol Vincent

Address: 350 Lincoln Road FL2

Miami Beach, FL 33139

**ARTICLE VII INCORPORATOR**

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

Name: Garland Shields

Address: 594 Dean Street, Ste 53

Brooklyn, NY 11238

**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

04-10-2024

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

04-10-2024

Date