## 124000031544

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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80042828 TALLAHASSEE, FL

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TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE USE FUNDS FROM THIS ACCO Authorization Signature:	DUNT: 120210000160: 70:00
Walk in Mail out	Pick up time Will wait
Photocopy Certified Copy of Articles of Organization Certificate of Status  NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other LLC X CORP	AmendmentResignation of. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious NameAPOSTIL ( ) Country	Foreign Filing Limited Partnership Reinstatement Trademark Statement of Authority
EXAMINER'S INITIALS:	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

(850) 524-5437 (850) 524-6243			
PLEASE USE FUNDS FROM THIS AC Authorization Signature: Jack's Liquor Inc.  BUSINESS (Name)	Document #		
Walk in Mail out Photocopy	Pick up time Will wait		
Certified Copy of Articles of Organiza	ation		
NEW FILINGS	AMMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other LLC X CORP	AmendmentResignation of. OfficerChange of Registered ADissolution/WithdrawaMergerConversion	Agent Il	ı
OTHER FILINGS	REGISTERATION/QUALIFICA	至 TIONS	e brita
Annual ReportFictitious NameAPOSTIL ( )	Foreign Filing Limited Partnership Reinstatement Trademark Statement of Authority	-7	m
EXAMINER'S INITIALS:			

FLORIDA CAPITAL COURIER SERVICES, INC.

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

## **COVER LETTER**

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

SUBJECT:	Jack's Liquor Inc			
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX				
Enclosed are an or	riginal and one (1) copy of the arti			
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: _	Brett Isaac	(Printed or typed)		
Address  Jacksonville, FL 32216				
City, State & Zip			1/4/1 AHA	00
	904-742-2388 Daytime Telephone number			
E-mail address: (to be used for future annual report notification)				

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: Jack's Liquor Inc	<u>.</u>			
ARTICLE II PRINCI		<u> </u>	Aailing addres	s, if different is:	
5825 Beach Blvd	•		i	s, it different is.	-
Jacksonville, FL 3	32207				-
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is:	Liguor Package Si	tore		<u>-</u>
					_
		<del> </del>			-
			<u> </u>		_
					_
ARTICLE IV SHARE. The number of shares of st	<u>\$</u> lock is:	<del></del>			
ARTICLE V INITIAL	. OFFICERS AND/OR DIRECTORS	<u>S</u>	ŀi		
Name and Title:	Fadi Khazaal President	Name and Title:_	Tony Kha	zaal Vice Presider	ור
Address _	1008 Bali Place	Address: _	944 Асад	lco Rd	
-	Jacksonville, FL 32216	<del></del> -	Jacksonv	e, FL 32216	-
-					- Gi
Name and Title:_		Name and Title:		2024	- 4
Address _	<u>.</u>	Address:		) ~ ·	3
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Name and Title:_		Name and Title:			Ti D
Name and Title:_ Address				AH 9: SEE, F	TI D
				AH 9: L	TI D

Name and	Title:	Name and Title:	
Address		Address:	
		_	·
ARTICLE VI R	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Brett Isaac	_	
Address:	2151 University Blvd S	_	
	Jacksonville, FL 32216	_	
ARTICLE VII 1	NCORPORATOR		
The name and add	tress of the Incorporator is:		
Name:	Brett Isaac	·-	
Address:	2151 University Blvd S	_	
	Jacksonville, FL 32216	_	
<u>ARTICLE VIII - E</u>	EFFECTIVE DATE:		Ø
Effective date, if of	ther than the date of filing:	(OPTIONAL)	20
(If an effective dat filing.)	te is listed, the date must be specific and canno	ot be more than five days prio	or 90 days after the
Note: If the date in	nserted in this block does not meet the applicable	statutory filing requirements, t	his date will not be listed as
the document's effe	ective date on the Department of State's records.		ASS A
Having been named	d as registered agent to accept service of process f	or the above stated corporation	at the place designated in this
cerujicate, i am jan	niliar with and accept the appointment as register	red agent and agree to act in thi	capacity 5
	Required Signature/Registered Agent	<del></del>	Date
I submit this docum	nent and affirm that the fact stated herein are	true. I am aware that the false	  Information submitted in a
document to the De	partment of State confilluted a third degree felon	y as provided for in s.817.155, F	
Required Signature	/Incurporator	Date	15/7/24
	V	Date	