

PT4000032916

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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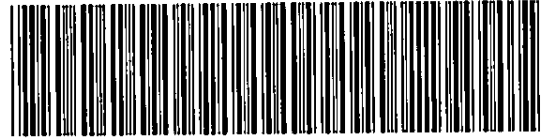
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2024 MAY 14 AM 9:47
TALLAHASSEE, FL

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2024 MAY 14 PM 3:11
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: RAFIQ OF TALLAHASSEE 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: SALEH MUSTAFA
Name (Printed or typed)

1437 FL GA HWY
Address

HAVANA, FL 32333
City, State & Zip

850-566-9116
Daytime Telephone number

DPUMPURS@AWWADAND ASSOCIATES.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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: RAFIQ OF TALLAHASSEE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1437 FL GA HWY

HAVANA, FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SALEH MUSTAFA

Name and Title: PRESIDENT

Address 4412 COOL EMERALD DR

Address: _____

TALLAHASSEE FL 32303

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
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: SALEH MUSTAFA
Address: 4412 COOL EMERALD DR
TALLAHASSEE FL. 32303

ARTICLE VII INCORPORATOR

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

Name: Saleh Mustafa
Address: 4412 Cool Emerald DR
Tall, FL 32303

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5-14-2024 (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.

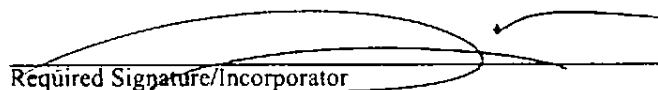
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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2024 MAY 14 AM 9:47
TALLAHASSEE, FL
S/15/24
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

5/14/24
Date