

P2400000 34575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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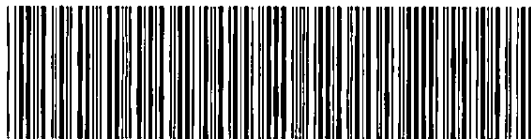
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$ _70.00 _____

AUTHORIZATION SIGNATURE: *[Signature]*

Puff Signals Inc
BUSINESS (Name)

Document #

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Country

AMMENDMENTS

___ Amendment
___ Resignation of Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Dissolution/_ Reinstatement/Revocation
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

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STATE OF FLORIDA

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___ Trademark

___ Other

EXAMINER'S INITIALS: _____

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Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Puff Signals Inc

Florida Doc. Number: P210000045122

The date the document was filed with the Division of Corporations: 5/18/2021

I give my permission to release the name: Puff Signals

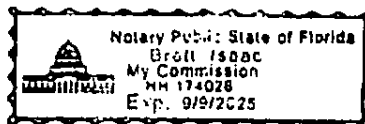
to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

Sincerely,

Signed name: George Tahan

Printed Name: George Tahan Title: President

(NOTARY)



Brett Isaac

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS, FILE

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COVER LETTER

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

SUBJECT: Puff Signals 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: Puff Signals Inc.
Name (Printed or typed)

1890 Kingsley Ave
Address

Orange Park, FL 32073
City, State & Zip

Daytime Telephone number

Brett@isaactaxcpa.com
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
TALLAHASSEE, FL

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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: Puff Signals Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>1890 Kingsley ave Ste 117</u> <u>Orange Park, FL 32073</u>	Mailing address, if different is:
---	---

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a vape and Tobacco Shop

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>George Tahan President</u> Address <u>5013 Lindion Ct.</u> <u>Jacksonville, FL 32257</u> _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address _____ _____	Name and Title: _____ Address: _____ _____
Name and Title: _____ Address _____ _____	Name and Title: _____ Address: _____ _____

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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: Brett Isaac

Address: 2151 University Blvd S

Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

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

Name: Brett Isaac

Address: 2151 University Blvd S

Jacksonville, FL 32216

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

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

Date

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DEPARTMENT OF STATE
JACKSONVILLE, FL

5/21/24

5/21/24