

P24000035185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

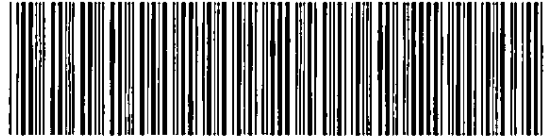
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000428913580

S. C. ...
MAY 24 2021

RECEIVED
2021 MAY 21 AM 10:49
SECRETARY OF STATE, FLORIDA

W14000077905

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

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 70.00
AUTHORIZATION SIGNATURE: *[Signature]*

Damanskino, Inc
BUSINESS (Name)

Document #

☐ Walk in ☐ Pick up time
☐ Mail out ☐ Will wait
☐ Photocopy
☐ Certified Copy
☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☒ CORP
☐ LLLP

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name Cancel
☐ APOSTIL ()
Country

AMMENDMENTS

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

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Limited Partnership
☐ Dissolution/ Reinstatement
☐ Trademark
☐ Other



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2024

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DAMASKINO INC
Ref. Number: W24000077905

We have received your document for DAMASKINO INC. However, the document has not been filed and is being returned for the following:

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Genesis R Kersey
Regulatory Specialist II

Letter Number: 324A00011107

RECEIVED
2024 MAY 22 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Damaskino INC

Florida Doc. Number: P18000017993


The date the document was filed with the Division of Corporations: 02/22/2018

I give my permission to release the name: Damaskino Inc.

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

Sincerely,

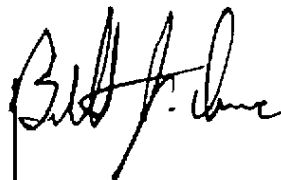
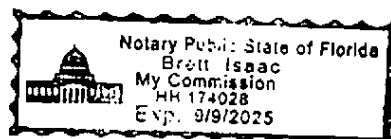
Signed name:



Printed Name: Nozad Merza

Title: President

(NOTARY)



COVER LETTER

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

SUBJECT: Damaskino 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: Brett Isaac
 Name (Printed or typed)
2151 University Blvd S
 Address
Jacksonville, FL 32216
 City, State & Zip
904-730-9264
 Daytime Telephone number

 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: Damaskino Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8840 Atlantic Blvd ste 6 & 8

Mailing address, if different is:

Jacksonville, FL 32216

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a Restaurant.

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2024 MAY 22 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nozad Merza President

Name and Title: Fadi Albishara Vice President

Address 2224 East University BLvd
Gainesville, FL 32641

Address: 6150 Bayouwood Rd
Jacksonville, FL 32277

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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

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2024 MAY 22 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/20/2024 (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
Date 5/20/24

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 5/20/24