Florida Department of State

7/3/24, 3:30 PM

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1124000228611 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138

Phone : (786)239-9353

Fax Number : (305)675-8465

Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION ALOCH TOBACCO INC

Certificate of Status	1
Certified Copy	
Page Count	01
Estimated Charge	\$87.50

Electronic Filing Menu Corporate Filing Menu

Help



COVER LETTER

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

SUBJECT: ALOCH TOBACCO INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: □ \$78.75 ☑ \$87.50 □ \$70.00 □ \$78.75 Filing Fee Filing Fee. Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate of Status & Certificate of Status ADDITIONAL COPY REQUIRED

FROM:	ALI ABDULLAH MOHANNED MANEA			
	Name (Printed or typed)			
	1920 S JEFFERSON ST, SUITE G			
	Address			
	PERRY, FL 32348			
	City, State & Zip			
	305-364-5123			
	Daytime Telephone number			
	EXPBUSINESSOLUTIONS@GMAIL.COM			
	E-mail address: (to be used for future annual report notification)			

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

To:

ARTICLES OF INCORPORATION

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

From: Aimet Arenas

TICLE II PRINCIPAL OFFICE Principal street address		Mailing address, i	ifdifferentis:
O S JEFFERSON ST. SUITE G	1920 S J	EFFERSON ST SUITE	
RRY, FL 32348		PERRY, FL 32348	
NAT., 1 C 32340			
TICLE III PURPOSE purpose for which the corporation is organized is: ALL LA	WFUL PURP	OSES	
number of shares of stock is: 1000			-
Name and Title: ALI ABDULLAH MOHANNED MANEA, PD Address 1920 S JEFFERSON ST, SUITE G		le:	
Name and Title: ALI ABDULLAH MOHANNED MANEA, PD	Name and Tit		
TICLE F INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ALI ABDULLAH MOHANNED MANEA, PD Address 1920 S JEFFERSON ST, SUITE G	Name and Tit Address: 		
Name and Title: ALI ABDULLAH MOHANNED MANEA, PD Address PERPY Ft 32348	Name and Tit Address: Name and Tit		
Name and Title: PERPY Ft 32348 Name and Title: Name and Title:	Name and Tit Address: Name and Tit		
Name and Title: Name and Title: ALI ABDULLAH MOHANNED MANEA, PD	Name and Tit Address: Name and Tit Address: Address:	le:	
Name and Title: Address Name and Title: Address Name and Title: Address Name and Title: Address Address Name and Title: Address	Name and Tit Address: Name and Tit Address: Name and Tit Address:	le:	
Name and Title: ALI ABDULLAH MOHANNED MANEA, PD 1920 S JEFFERSON ST, SUITE G PERPY FL 32348 Name and Title: Address	Name and Tit Address: Name and Tit		

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	ftheregistered agent is:		
Name:	ALI ABDULLAH MOHANNED MANEA	-		
Address:	1920 S JEFFERSON ST, SUITE G	_		
	PERRY, FL 32348	_	. *	
APTICLE VII	INCORPORATOR			
	Idress of the Incorporator is:			
Name:	ALI ABDULLAH MOHANNED MANEA	4		
Address:	1920 S JEFFERSON ST. SUITE G	_		
	PERRY, FL 32348	_		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and cannot	(OPFIONAL) of he more than five days prior	or 90 days after the	
	inserted in this block does not meet the applicable ffective date on the Department of State's records.		s date will not be listed as	
	ned as registered agent to accept service of process f familiar with and accept the appointment as register			
ALAA	BDULLAH WOHAWWCD MANC Required Signature/Registered Agent	<i>₹</i>	07/03/2024	
	Required Signature/Registered Agent		Date	
I submit this doc document to the	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false i y as provided for in s.817.155, F.,	nformation submitted in a S.	
ALN	ABDULLAH MOHANNCO MAN	CA .	07/03/2024	
Required Signature/Incorporator		Date		