

P24000051264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

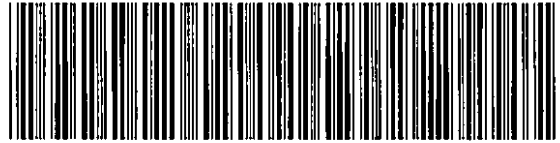
(Document Number)

Certified Copies _____

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DEPARTMENT OF REVENUE

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.

AUTHORIZATION SIGNATURE: Judith

Sin City Smoke & Vape Inc.
BUSINESS (Name) Document #.

☐ Walk in ☐ Pick up time

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copies of Articles of Organization

☐ Certificate of Status

NEW FILINGS

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

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ APOSTIL () Country

AMMENDMENTS

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

REGISTRATION/QUALIFICATIONS

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

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 70.-

AUTHORIZATION SIGNATURE: [Signature]

Sin City Smoke & Vape Inc.
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☐ Walk in ☐ Pick up time

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EXAMINER'S INITIALS: _____

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COVER LETTER

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

SUBJECT: Sin City Smoke & Vape 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
904-742-2388
Daytime Telephone number
Brett@isaactaxcpa.com
E-mail address: (to be used for future annual report notification)

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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: Sin City Smoke & Vape Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
819 Lo Max St

Mailing address, if different is:

Jacksonville, FL 32205

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to operate a retail smoke shop.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fadi Barakat-PResident

Name and Title: _____

Address 8234 Hedgewood Drive

Address: _____

Jacksonville, FL 32216

Name and Title: Kinan Shouk- Vice President

Name and Title: _____

Address 8234 Hedgewood Dr

Address: _____

Jacksonville, FL 32216

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

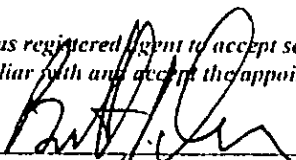
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/09/2024. (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.)

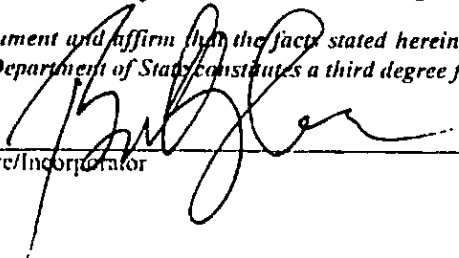
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8/9/24
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

8/9/24
Date

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