

P24000051265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

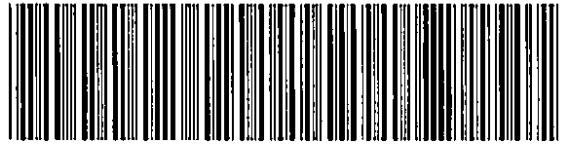
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED
2024 AUG -9 PM 3:07
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: [Signature]

Smoke and Vape Emerson 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
☐ 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
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PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$ 70.

AUTHORIZATION SIGNATURE: *[Signature]*

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☐ Other

EXAMINER'S INITIALS:

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11 11 2024

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: Smoke and Vape Emerson Inc.

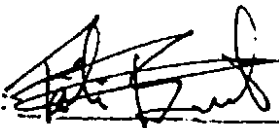
Florida Doc. Number: P19000047924

The date the document was filed with the Division of Corporations: 06/04/2019

I give my permission to release the name: Smoke and Vape Emerson Inc.

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

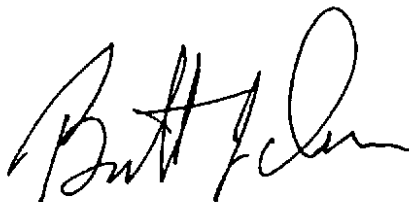
Sincerely,

Signed name: 

Printed Name: Fadi Barakat

Title: President

(NOTARY)





8/9/2024

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COVER LETTER

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

SUBJECT: Smoke and Vape Emerson 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 & Certified Copy	Filing Fee, 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: Smoke and Vape Emerson Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7001 Merrill Rd Ste 12

Mailing address, if different is:

Jacksonville, FL 32277

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: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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