

P24000069397

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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.

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
RAYYAN STORE INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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2024 NOV -8 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FL

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2024 NOV -8 AM 1:57

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COVER LETTER

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

SUBJECT: RAYYAN STORE 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: RAYYAN STORE INC
Name (Printed or typed)
1372 NW 62 ST
Address
MIAMI, FL 33147
City, State & Zip
786-799-3082
Daytime Telephone number
AIMET@EXPRESSTAXSVCS.COM
E-mail address: (to be used for future annual report notification)

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

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: AHMED MK RAYYANAddress: 1372 NW 62 STCity: MIAMI FL 33147**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: AHMED MK RAYYANAddress: 1372 NW 62 STMIAMI FL 33147**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*Ahmed Mk Rayyan

Required Signature/Registered Agent

*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.*Ahmed Mk Rayyan

Required Signature/Incorporator

Date

2024 NOV -8 AM 11:57
 11/08/2024
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE
Incorporator