

P25000000 1160

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700436269627

2025 JAN -8 AM 9:47

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2025 JAN -8 PM 3:32

RECEIVED

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

Please use funds from the account 120210000160: \$70.00

Authorization Signature *[Signature]*

Razan Sweets Inc

Business

#Document

Walk in

\_\_\_ Will wait

\_\_\_ Certified Copies of the attached articles of Organization.

\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_ Profit  
\_\_\_ Not for Profit  
\_\_\_ LLC  
\_\_\_ Domestication  
\_X\_ INC  
\_\_\_ CORP  
\_\_\_ OTHER

**AMENDMENTS**

\_\_\_ Amendment  
\_\_\_ Resignation of R.A.  
\_\_\_ Change of Registered Agent  
\_\_\_ Dissolution/Withdrawal  
\_\_\_ Conversion  
\_\_\_ Statement of Authority  
\_\_\_ Merger  
\_\_\_ Amended and Restated Articles

**OTHER FILINGS**

\_\_\_ Annual Report  
\_\_\_ Fictitious Name  
\_\_\_ Statement of Authority  
\_\_\_ APOSTIL \_\_\_\_\_  
                                    COUNTRY

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing  
\_\_\_ Partnership  
\_\_\_ Reinstatement  
\_\_\_ Statement of CORRECTION  
\_\_\_ Domestication of a Foreign Corp.  
\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

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**Release and Permission to Use Name**

(Date) 01/08/2025

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Razan Sweets Inc

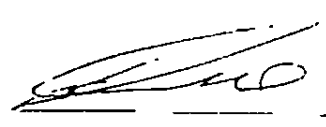
Florida Doc. Number: P23000029535

The date the document was filed with the Division of Corporations: 04/13/2023

I give my permission to release the name: Razan Sweets 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: Hussam Chahin

Title: President

(NOTARY)





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## COVER LETTER

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

**SUBJECT:** Razan Sweets 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**

2025 JAN -8 AM 9:47

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**FROM:** Brett Isaac  
Name (Printed or typed)  
2151 University Blvd S  
Address  
Jacksonville, FL 32216  
City, State & Zip  
  
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: Razan Sweets Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>2162 Harbor Lake Drive</u> <u>Fleming island, FL 32003</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To operate a diner.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Hussam Chahin-President</u> Address <u>2162 Harbor Lake Drive</u> <u>Jacksonville, FL 32216</u> _____ _____ _____	Name and Title: _____ Address: _____ _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____
Name and Title: _____ Address _____ _____ _____	Name and Title: _____ Address: _____ _____ _____

**FILED**  
2025 JAN -8 AM 9:47  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FL

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: \_\_\_\_\_ (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

1/8/25  
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

1/8/25  
Date

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