(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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CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 Fast 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	PIC	CK UP: 3/18 TRACI	
	CERTIFIED COPY		
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XX	FILING	INC	₹ 5 7
. А	KANABA CORP.		SSEE.FL
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PECIAL I	NSTRUCTIONS:		
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COVER LETTER

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

SUBJECT: Akana	ba Corp.		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Centified Cop & Certificate Status
		ADDITIONAL CO	PY REQUIREI
	03 Tamiami Trail N., Suite 4	e (Printed or typed) 400 Address	
Na	ples, FL 34104	Adaress	
, , ,		State & Zip	
239	9-234-5034 Daytime T	elephone number	
the.	georgios@gmail.com	· 	
	E-mail address: (to be use	d for future annual report r	otification)

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)

RTICLE I NAM he name of the corpo	<u>IE</u> ration shall be: Akanaba Corp.			
RTICLE II PRII	NCIP.4L OFFICE Principal street address	Mailing addr	Mailing address, if different is:	
6548 Hickory Blvd.				
onita Springs, FL 34	134			
RTICLE III PUR he purpose for which	POSE 1 the corporation is organized is: any	and all lawful purposes.		
			20251 3EC	
	-		HAR	
<u>CTICLE IV</u> SHAD e number of shares o	RES of stock is: 2,000,000		MAR 18 AM 9:	
TICLE V INIT	AL OFFICERS AND/OR DIRECTO	<u>RS</u>	9: 47 STATE E. FL	
Name and Tit	_{lle:} <u>Georgios Papadopoulos, Pre</u>	esident Name and Title:		
Address	26548 Hickory Blvd.	Address:		
	Bonita Springs, FL 34134			
Name and Titl	e:	Name and Title:	***	
Address		Address:		
Name and Titl		Name and Title:		
Address		Address:		

Name a	ind Title:	Name and Title:	
Addres	5S		
ARTICLE VI The name and I	<u>REGISTERED AGENT</u> Florida street <u>address</u> (P.O. Box NOT acceptable)) of the registered agent is:	
Name:	Threlkeld Law, P.A.		
Address:	3003 Tamiami Trail N., Suite 400		
	Naples, FL 34104		20
			2025 HAR 18 AH 9: 47 FALLAHASSEE, FL
ARTICLE VII	INCORPORATOR		R I
The <u>name and a</u>	ddress of the Incorporator is:		RIB AHS
Name:	Tyler Johnson		SEE SEE
Address:	3003 Tamiami Trail N., Suite 400		R 18 AM 9: 4
	Naples, FL 34104		' 류 긕
Effective date, if	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL)	rior or 90 days after the
Note: If the date	e inserted in this block does not meet the applicateffective date on the Department of State's record	ole statutory filing requirements	s, this date will not be listed as
	ned as registered agent to accept service of proces familiar with and accept the appointment as regis		
	Jus On		3/18/25
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree felo		
	Lyls. Ch		3/18/25
Required Signatu	ure/Incorporator	Da	