

P25000037025

PL
6-27-25

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

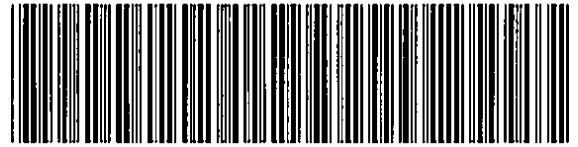
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2025 JUN 25 PM 3:20

RECEIVED
2025 JUN 25 PM 4:05
TALLAHASSEE, FLORIDA

ND

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from the account:: 120210000160; \$70.00

Authorized Signature *Indelur*
Clark Smoke & Vape Inc.

Business Name #Document

___ Certified copy

___ Certificate of Status

NEW

___ Profit
___ Not for Profit
___ LLC
___ Domestication
X INC
___ CORP
___ PLLC
___ GP

AMENDMENTS

___ Amendment
___ Resignation of Member/MGR
___ Statement of change of Registered
___ Revocation of Dissolution
___ Conversion
___ Statement of Correction
___ Merger
___ DISSOLUTION

OTHER FILINGS

___ TRANSMITTAL LETTER
___ Fictitious Name -
___ Statement of Authority
___ Other:

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Partnership
___ Reinstatement
___ Articles of CORRECTION
___ Withdraw of Certificate of Authority
___ TRADEMARK
___ Domestication

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Clark 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
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
904-730-9264
Daytime Telephone number
brett@isaactaxcpa.com
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: Clark Smoke & Vape Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>3232 Clark RD</u> <u>Sarasota, FL 34231</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 retail Smoke and vape store.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Talal Askar President</u> Address: <u>11196 Eston Place</u> <u>Jacksonville FL 32257</u>	Name and Title: <u>Wissam Alawad</u> Address: <u>12659 Julington Oaks Drive</u> <u>Jacksonville, FL 32223</u>
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Name and Title: <u>Ghena Kassis- Secretary</u> Address: <u>8909 Adams Walk Drive</u> <u>Jacksonville FL 32257</u>	Name and Title: _____ Address: _____
---	---

Name and Title: _____ Address: _____	Name and Title: _____ 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: Talal Askar

Address: 11196 Eston Place
Jacksonville, FL 32257

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brett Isaac

Address: 2151 University Blvd
Jacksonville, FL 32216

6/21

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

6/25/23
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

6/25/23
Date