## PZYUUOOS302S

| (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



000433799990

2024 AUG 19 PM 2: 42 SECONSTANTOR STATE RECEIVED

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

| Wabash Smoke Shop and More, Inc.   |                                |
|--|--------------------------------|
| Please Debit FCA000000003 For: 70  |                                |
| Thank you Seth Neeley  |                                |
| 145/   |                                |
| Holy   | Art of Inc. File               |
|  | LTD Partnership File           |
|  | Foreign Corp. File             |
|  | L.C. File                      |
|  | Fictitious Name File           |
|  | Trade/Service Mark             |
|  | Merger File                    |
|  | Art. of Amend. File            |
|  | RA Resignation                 |
|  | Dissolution / Withdrawal       |
|  | Annual Report / Reinstatement  |
|  | Сеп. Сору                      |
|  | Photo Copy                     |
|  | Certificate of Good Standing   |
|  | Certificate of Status          |
|  | Certificate of Fictitious Name |
|  | Corp Record Sourch             |
|  | Officer Search                 |
|  | Fictitious Search              |
| Signature  | Fictitious Owner Search        |
| organization of the state of th | Vehicle Search                 |
|  | Driving Record                 |
| Requested by:  | UCC 1 or 3 File                |
| Name Date Time   | UCC 11 Search                  |
| Name Date Time   | UCC 11 Retrieval               |
| Walk-In Will Pick Up   | Courier                        |

## **COVER LETTER**

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

| SUBJECT: Waba           | sh Smoke Shop and More, Inc.                    |                                       |   |
|-------------------------|---|---------------------------------------|---|
|                         | (PROPOSED CORPORA                               | ATE NAME - MUST INCL                  | UDE SUFFIX)                             |
| Enclosed are an ori     | ginal and one (1) copy of the ar                | ticles of incorporation and           | I a check for:                          |
| ■ \$70.00<br>Filing Fee | □ \$78.75 Filing Fee & Certificate of Status    | □ \$78.75 Filing Fee & Certified Copy | Filing Fee,                             |
|                         |   | ADDITIONAL CO                         |   |
| FROM:                   | eem Hussain Mohammad<br>Nam<br>8 N. Wabash Ave. | e (Printed or typed)                  |   |
|                         |   | Address                               | *                                       |
| Lal                     | celand, FL 37815                                |                                       |   |
| <del></del>             | City,   | State & Zip                           | *************************************** |
| 773                     | -954-7041                                       |                                       |   |
|                         | Daytime 7                                       | elephone number                       |   |
| naz.                    | borachi.fl@gmail.com                            |                                       |   |
| <del></del>             | E-mail address: (to be use                      | d for future annual report n          | 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)

| TICLE II PRINCIPAL OFFICE Principal street address   | Mailing address, if different is                              |
|--|---|
| 8 N. Wabash Ave.   | same  |
| akeland, FL 37815  | <del></del>   |
| TICLE III PURPOSE  purpose for which the corporation is organi   | ized is: Any & all business practices                         |
|  |   |
|  |   |
|  | <del></del>   |
| TICLE IV SHARES  |   |
|  |   |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF   |   |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF   | R DIRECTORS  mmad, President Name and Title:                  |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Moha   | R DIRECTORS mmad, President Name and Title:                   |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Mohan  Address 628 N. Wabash Ave.  | mmad, President Name and Title: Address:                      |
| e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Mohal  Address  628 N. Wabash Ave.  Lakeland, FL 37815   | mmad, President Name and Title: Address:                      |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Moha  Address  628 N. Wabash Ave.  Lakeland, FL 37815  Name and Title:                         | mmad, President Name and Title: Address:                      |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Moha  Address  628 N. Wabash Ave.  Lakeland, FL 37815  Name and Title:                         | mmad, President Name and Title:Address:                       |
| e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Mohar  Address 628 N. Wabash Ave.  Lakeland, FL 37815  Name and Title:  Address                                | mmad, President Address:  Name and Title:  Address:  Address: |
| TICLE IV SHARES e number of shares of stock is: 100  TICLE V INITIAL OFFICERS AND/OF  Name and Title: Aleem Hussain Mohan Address  628 N. Wabash Ave. Lakeland, FL 37815  Name and Title: Address  Name and Title: | mmad, President Name and Title:Address:                       |

| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Allem Hussain Mohammad  Address:  Address:  Lakeland, FL 37815  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  Address:  Lakeland, FL 37815  ARTICLE VIII EFFECTIVE DATE: Effective date, If other than the date of fliing: (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 little 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 designate certificate, I am familitar with and accept the appointment as registered agent and agree to act in this capacity  Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State:  Bendred Signature/Registered Agent  Manne:  Bendred Signature/Registered Agent   | Name and                            | Title:  | Name and Title:  |
|--|-------------------------------------|---|--|
| ARTICLE VII REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Allem Hussain Mohammad  Address:  Allem Hussain Mohammad  628 N. Wabash Ave.  Lakeland, FL 37815  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Aleem Hussain Mohammad  628 N. Wabash Ave.  Lakeland, FL 37815   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (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 lithe 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hustan Mohamma 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  | Address                             |   | Address:   |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Allem Hussain Mohammad  628 N. Wabash Ave.  Lakeland, FL 37815   ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  628 N. Wabash Ave.  Lakeland, FL 37815   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 lithe 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hussaa Mohammal 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Benutered Signature/Registered Agent Mahamel 8-19-24  |                                     |   |  |
| Address:  Address:  Lakeland, FL 37815  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  Address:  Address:  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  628 N. Wabash Ave.  Lakeland, FL 37815   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date, if other than the date of filing: (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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  ALEEN HASSEN No Langel 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Beauthord Signature/Registered Mannel 8-19-24   | ARTICLE VI                          | REGISTER <u>ED AGENT</u>  |  |
| Name:  Lakeland, FL 37815  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  Address:  Lakeland, FL 37815  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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  ALEM HUSTER MOMENTAL 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Beguired Signature/Registered Agent 8-19-24   | The name and Fl                     |   | the registered agent is:   |
| ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  Address: Lakeland, FL 37815   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 lithe 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  ALLE HUSTA Mohammen 8-19-24  Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  ALLE HUSTA State constitutes a third degree felony as provided for in s.817.155, F.S.  | Name:                               | Allem Hussain Mohammad  |  |
| Lakeland, FL 37815  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad 628 N. Wabash Ave. Lakeland, FL 37815  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hussa Mohamma 8-19-24  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alexa Hussa Mohamma 8-19-24  | Address:                            | 628 N. Wabash Ave.  |  |
| The name and address of the Incorporator is:  Name: Aleem Hussain Mohammad  Address: 628 N. Wabash Ave.  Lakeland, FL 37815   ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:   | Address.                            |   | ·  |
| Name:  Address:  Lakeland, FL 37815  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 little 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 designate certificate, I am familitar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hassa Mohammal  Required Signature/Registered Agent  Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alexa Hassa Mohammal  8-19-24  | ARTICLE VII                         | <u>INCORPORATOR</u>   |  |
| Address:  Lakeland, FL 37815  ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hassa Modernal 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Required Signature/Registered Agent 8-19-24   | The name and ac                     | Idress of the Incorporator is:  |  |
| Lakeland, FL 37815  ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alar Hossia Moderated Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alar Hossia Moderate  Required Signature/Registered Agent  8-19-24  | Name:                               | Aleem Hussain Mohammad  |  |
| ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing:  (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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alone Hossia Moderned Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alone Hossia Moderned Signature/Registered Signature/Regis | Address:                            | 628 N. Wabash Ave.  | _  |
| Effective date, if other than the date of filing:  (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 little 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity  Alexa Hossa Molanut 8-19-24  Required Signature/Registered Agent Date  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alexa Hossa Molanut 8-19-24  |                                     | Lakeland, FL 37815  | -  |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lighted 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 designate certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity    Alexa Hossin Mohammer   8-19-24     Required Signature/Registered Agent   Date     I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.    Alexa Hossin Mohammer   8-19-24     Required Signature/Incorporator   8-19-24     Required Signature/Incor | Effective date, if                  | other than the date of filing:  | . (OPTIONAL) ot be more than five days prior or 90 days after the  |
| Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alem HVSSPA Moland.  Required Signature/Incorporator.   | Note: If the dat                    | e inserted in this block does not meet the applicable offective date on the Department of State's records.            | statutory filing requirements, this date will not be listed as   |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alem HVJSH. Moliniel.  Required Signature Incorporator   | Having been na<br>certificate, I am | med as registered agent to accept service of process j<br>familiar with and accept the appointment as registe         | or the above stated corporation at the place designated in this<br>red agent and agree to act in this capacity |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alem HVJSHi Mohnel 8-19-24   |                                     | Aleen Hosson Mohamm   | 8-19-24  |
| I submit this document and affirm that the facts stated herein are true. I am aware that the false information submit document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  Alem HVJSH. Moliniel.  Required Signature Incorporator   | <del></del>                         | Required Signature/Registered Agent   | Date   |
| Required Signature/Incorporator Molinal Bate   | docume                              | t this document and affirm that the facts stated herein<br>at to the Department of State constitutes a third degree j | are true. I am aware that the false information submitted in a elony as provided for in s.817.155, F.S.        |
| Required Signature/Incorporator Date   |                                     | Alen HUSSAN Modmid  | 8-19-24  |
| <del>- ***</del>   | Require                             | d Signature/Incorporator  | Date   |

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