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(Paguastais Nama)	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	
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2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Please use funds from the account | I20210000160: \$70.00 Authorization Signature Boutros Bros Inc. Business #Document Will wait Walk in Certified Copies of the articles Certificate of Status **NEW FILINGS AMENDMENTS** Profit ____ Amendment _____Resignation of R.A. Not for Profit ____ Change of Registered Agent ; ___LLC Revocation of Dissolution _ Domestication Conversion X INC ____Statement of Authority CORP **OTHER** Merger . Amended and Restated Articles REGISTRATION/QUALIFICATIONS OTHER FILINGS _TRANSMITTAL LETTER Foreign Filing Partnership Fictitious Name Reinstatement Statement of CORRECTION ____ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243 Authorization Signature Boutros Bros Inc. Business #Document Will wait Walk in Certified Copies of the articles Certificate of Status **AMENDMENTS NEW FILINGS** Profit Amendment Resignation of R.A. Not for Profit ____ Change of Registered Agent __ LLC _ Domestication Revocation of Dissolution K INC Conversion ____Statement of Authority CORP **OTHER** Merger Amended and Restated Articles **OTHER FILINGS** REGISTRATION/QUALIFICATIONS TRANSMITTAL LETTER ___ Foreign Filing Partnership Reinstatement Fictitious Name Statement of CORRECTION ____ Statement of Authority Domestication of a Foreign Corp. ___ APOSTIL _ COUNTRY Other

FLORIDA CAPITAL COURIER SERVICES, INC

EXAMINER'S INITIALS:

Release and Permission to Use Name

(Date)

01/17/2025

To: Florida Department of State Division	on of Corporations	
Re: Release and permission to use name		
Entity's name: Boutros Bros Inc.		
Florida Doc. Number: P21000021798		2025
The date the document was filed with the D	ivision of Corporations:	03/09/2021
I give my permission to release the name;	Boutros Bros Inc.	S 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
to make it available to the Division of Corpc	orations for use by others.	. I will not
revocate this release of name.		
Sincerely,		
Printed Name: Chadi Boutros Notary Public State of Florida Brett Isaac My Commission HH 174028 EXD, 9/9/2025	Hitle: President I	

COVER LETTER

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

SUBJECT:	Boulros Bros Inc		
- -	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (!) copy of the art	icles of incorporation and	a check for:
© \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Brett Isaac		
	Name	(Printed or typed)	
	2151 University	blvd S	
	F.	ddress	
 .	Jacksonville, FL	. 32216 State & Zip	
	City, .	nate & Zap	
<u></u>	Daytime Te	lephone number	T
	Brett@isaactaxc	<u>spa.com</u>	
	E-mail address: (to be used	for future annual report no	tification)

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)

The name of the corporation	on shall be: Boutros Bros	Inc.	<u>-</u>			
ARTICLE II PRINCI 1 5406 Plymoth St	Principal street address	<u></u>	Mailing address,	, if different	is:	
Jacksonville, FL 3						
ADTICLE III DIIDDO	<u>SE</u> e corporation is organized is:		ence Store			
					2025	
					(1) (1) (4)	•
				:	-a: ∑	<u>.</u>
						ÿ
				1075 1075		
					7	
	LOFFICERS AND/OR DIRECTS Chad: Boutros -President	•				
Address	5406 Plymouth St					
	Jacksonville, FL 32205					
						
Name and Title:		Name and Title:				
Address		Address:				—
Name and Title:		Name and Title:				
Address						
				 -		

Name and T	Title:	Name and Title:
Address		Address:
		
ARTICLE VI RE The name and Flori	GISTERED AGENT ida street uddress (P.O. Box NOT acceptable	2) of the registered agent is:
Name:	Brett Isaac	,
Address:	2151 University blvd S	2028
_	Jacksonville, FL 32216	
		2
<u>ARTICLE VII IN</u>		
The <u>name and addr</u>	ess of the Incorporator is:	9
Name:	Brett Isaac	<u> </u>
Address:	2151 University blvd S	<u> </u>
	Jacksonville, FL 32216	
ARTICLE VIII EI	FFECTIVE DATE: er than the date of filing: 01/17/2	2025 (OPTIONAL)
	is listed, the date must be specific and car	nnot be more than five days prior or 90 days after the
-		
<u>Note:</u> If the date ins the document's effec	erted in this block does not meet the applica tive date on the Department of State's recor	ble statutory filing requirements, this date will not be listed ds.
Having been named vertificate, I am fami	as registered agent to accept/service of proces liar with and accept the appointment as regi	for the above stated corporation at the place designated in stered agent and agree to act in this congcity
	Bull 1	1/17/2
	Required Signature/Registered Agent	
submit this docum	ent and affirm that the facts stated herein c	re true. I am aware that the false information submitted i
		•
locument to the Dep	artment of State constitutes a third degree fel	lony as provided for in s.817.155, F.S.