

P250000010593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

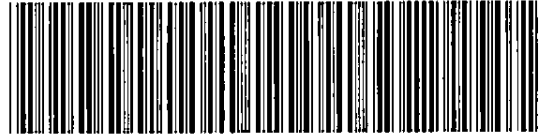
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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MICHIGAN

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 *S. J. ...*

Hanini Management & Consulting Inc.

Business Name #Document

Walk in _____ Will wait _____

_____ Certified Copy
_____ Certificate of Status

NEW FILINGS

_____ Profit
_____ Not for Profit
_____ LLC
_____ Domestication
X INC
_____ CORP
_____ LP

AMENDMENTS

_____ Amendment
_____ Resignation of R.A.
_____ Change of Registered Agent
_____ Revocation of Dissolution
_____ Conversion
_____ Statement of Authority
_____ Merger

REVOCATION OF DISSOLUTION

OTHER FILINGS

_____ TRANSMITTAL LETTER
_____ 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: _____

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: HANINI MANAGEMENT & CONSULTING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1020 WEST SUNRISE BLVD
Mailing address, if different is: _____
FORT LAUDERDALE, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMAD MUNTASER PRESIDENT Name and Title: _____
Address: 1020 WEST SUNRISE BLVD Address: _____
FORT LAUDERDALE, FL 33311

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: ANDRE KATTOURA
Address: 4100 N POWERLINE RD STE B2
POMPANO BEACH, FL 33073

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANDRE KATTOURA
Address: 4100 N POWERLINE RD STE B2
POMPANO BEACH FL 33073

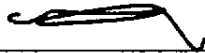
ARTICLE VIII EFFECTIVE DATE: 02/20/2025

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 02/20/2025
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 02/20/2025
Date