

P23000021981

(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



800404499878

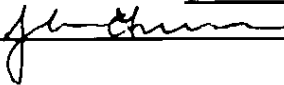
S. CHATHAM  
MAR 24 2023

FILED  
2023 MAR 23 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 MAR 23 PM 2:24  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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

Please use funds from this account: 120210000160: \$ 87.50

Authorization Signature: 

Sophia's Mediterranean Inc.

**BUSINESS NAME** \_\_\_\_\_ **DOCUMENT #** \_\_\_\_\_

**Certified Copy of Articles of Incorporation**

**Certificate of Status**

**NEW FILINGS**

- Profit Corp
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**
- LLLP

**AMMENDMENTS**

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution
- Merger
- Conversion**
- Amended and restated Articles**
- Statement of Authority**

**OTHER FILINGS**

- Annual Report
- Fictitious Name
- APOSTILLE
- Country**

**REGISTRATION/QUALIFICATIONS**

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

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

SUBJECT: Sophia Mediterranean 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

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: Sophia's Mediterranean Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address: 301 E. Bay St.  
Jacksonville, FL 32202

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Operate a restaurant.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jak Gjergji-President Name and Title: \_\_\_\_\_  
Address: 301 E Bay St. Address: \_\_\_\_\_  
Jacksonville, FL 32202

Name and Title: Gjovalin Gjergji- Vice President Name and Title: \_\_\_\_\_  
Address: 301 E Bay St Address: \_\_\_\_\_  
Jacksonville, FL 32202

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

**FILED**  
**2023 MAR 23 AM 11:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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: Brett Isaac  
2151 University Blvd S  
 Address: Jacksonville, FL 32216  
 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett Isaac  
 Address: 2151 University Blvd S  
Jacksonville, FL 32216

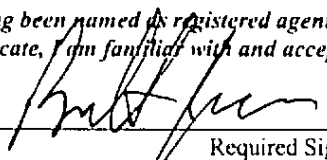
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/16/2023 (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

3/23/2023  
 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

3/23/2023  
 Date

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