

P14000046491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

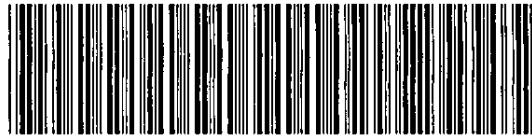
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

14 MAY 29 PM 2:01

APPROVED  
FILED

RECEIVED  
14 MAY 29 PM 1:51  
DIVISION OF CORPORATIONS

B 5/29/14

## COVER LETTER

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

SUBJECT: Garland Food Stores Corp.  
(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
ADDITIONAL COPY REQUIRED	

FROM: Garland L. Wingo I  
Name (Printed or typed)

PO BOX 3671  
Address

Tallahassee FLA. 32315  
City, State & Zip

(850) 590-5773  
Daytime Telephone number

Ø  
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: Garland Food Stores Corp.,

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1325 Thorne St  
Tallahassee FLA  
32303

Mailing address, if different is:

P.O. Box 3671  
Tallahassee FLA 32315

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Retail Grocery Foods

Sales, and like house matter such as  
Clothes-Wash Powder, Dish detergents etc.

**ARTICLE IV SHARES**

The number of shares of stock is: One-Share

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

Name and Title: Stephen A. President Name and Title: \_\_\_\_\_

Address: PO Box 3671 Address: \_\_\_\_\_  
Tallahassee FLA 32315

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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

Address: \_\_\_\_\_ Address: \_\_\_\_\_

14 MAY 29 PM 2:02  
TALLAHASSEE FLA 32315

(cont.)

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: Garland L. Wingo I  
Address: 1325 Tharpe St.  
Tallahassee, FLA. 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Garland L. Wingo I  
Address: 1325 Tharpe St.  
Tallahassee FLA. 32303

STATE OF FLORIDA  
TALLAHASSEE

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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

Garland L. Wingo I  
Required Signature/Registered Agent

MAY 29 2014  
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.

Garland L. Wingo I  
Required Signature/Incorporator

MAY 29 2014  
Date