

PD5000012965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

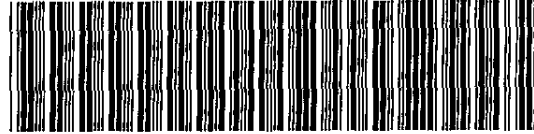
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05 JAN 26 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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05 JAN 26 AM 10:48  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C.G. 1-26

## TRANSMITTAL LETTER

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

SUBJECT: Alex Way III of Bay County 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: NIDAL AL-KHATEB  
Name (Printed or typed)

502 Timber Crossing  
Address

Lynn Haven FL 32444  
City, State & Zip

850-596-7709  
Daytime Telephone number

**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:

ALEX WAY III of Bay County INC

~~D.B.A. ALEX WAY III~~

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1824 Tennessee Ave  
Lynn Haven. FL 32444

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail ~~convenient~~ STORE & Gas  
convenient

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

NIDAL AL-KHATEB - President / secretary  
502 TEMPER CROSSING LYNN HAVEN  
FL 32444

## ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

NIDAL AL-KHATEB  
502 Timber Crossing LYNN HAVEN FL 32444  
LYNN HAVEN. FL 32444

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

~~ALEX WAY III of Bay County Inc~~  
1824 Tennessee Ave LYNN HAVEN 32444

\*\*\*\*\*

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

Signature/Registered Agent

Date

Signature/Incorporator

Date

FILED  
05 APR 25 21 11:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1-26-05

1-26-05