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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: 4 Seasons Food Distributors, 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: Eddy Remy

Name (Printed or typed)

201 W. Sunrise Blvd.

Address

Ft. Lauderdale, Florida 33311

City, State & Zip

(954) 667- 1198

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:

4 Seasons Food Distributors, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

210 Lake Pointe drive 3 207
Oakland Park, Florida 33309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Distribution of Food products, mini-market.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Hwida Almoustafa- President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Arnel Polo
201 W. Sunrise Blvd.
Ft. Lauderdale, Florida 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eddy Remy
201 W. Sunrise Blvd.
Ft. Lauderdale, Florida 33311

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

01/07/03

Date



Signature/Incorporator

01/07/03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA