

PO4000011940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

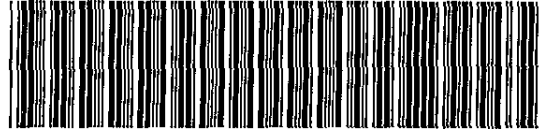
(Business Entity Name)

(Document Number)

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

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TRANSMITTAL LETTER

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DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: MY GROCERY DOT COM, 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: ANGELET C. IORISSAINT, REG. AGT.  
Name (Printed or typed)

393 IPSWICH STREET

Address

BOCA RATON, FLORIDA 33487

City, State & Zip

954- 970- 7185

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: MY GROCERY DOT COM, INC.

SECOND

The period of its duration is: Indefinitely

THIRD

The purpose of the corporation is:

Grocery Delivery Service Retail & Wholesale

FOURTH

The aggregate number of authorized shares is: 100 Shares par-value \$5.00

FIFTH

The corporation will not commence business until at least \$500.00 dollars have been received by it as consideration for the issuance of shares.

SIXTH

Cumulative voting of shares of stock Must be approved by the Stockholders/ Board of Directors who are authorized.

SEVENTH

Provisions limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are:

Approval by the Stockholders and Board of Directors

EIGHTH

Provisions for regulating the internal affairs of the corporation are:

The managing Partners( Pres.Vice-Pres. etc.)

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will be responsible for all day to day operations.

NINTH

The address of the initial registered office of the corporation is:

393 Ipswich Street Boca Raton, Florida 33487

and the name of its initial registered agent at such address is:

Angelet C. Lorissaint

TENTH

Address of the principal place of business is:

393 Ipswich Street Boca Raton, Florida 33487

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is One , and the names and address of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are:

Name	Address
Angelet C. Lorissaint	393 Ipswich Street Boca Raton, Florida 33487
_____	_____
_____	_____
_____	_____

TWELFTH

The name and address of each incorporator is:

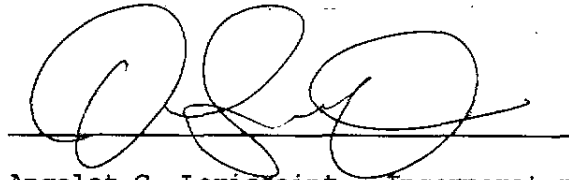
Name	Address
Angelet C. Lorissaint	393 Ipswich Street Boca Raton, Florida 33487
_____	_____
_____	_____
_____	_____

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Date: January 5th, 2004

A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke at the end, positioned above a solid horizontal line.

Angelet C. Lorissaint, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as Registered Agent.

A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke at the end, positioned above a solid horizontal line.

Angelet C. Lorissaint, Registered Agent