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TRANSMITTAL LETTER

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

SUBJECT: SUNSHINE STATE FOOD PLAZA INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
Alternative: SUNSHINE STATE FOOD MARKET INC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ALLEN FALK
Name (Printed or typed)

Address ALLEN FALK, ATTORNEY
420 N DIXIE HIGHWAY
LAKE WORTH, FL. 33460

City, State & Zip
561 493 9200
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: SUNSHINE STATE FOOD PLAZA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

PALM SPRINGS PLAZA
3403-A SOUTH CONGRESS
PALM SPRINGS, FL 33461

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Allen Falk
420 N DIXIE HWY
LAKE WORTH, FL 33460

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Allen Falk
420 N. DIXIE HIGHWAY
Lake WORTH



Signature/Incorporator

3/3/04

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above 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 I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

3/3/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA