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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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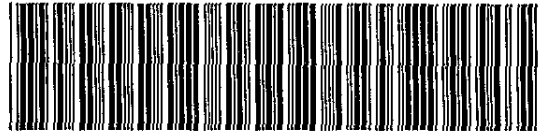
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 12

TRANSMITTAL LETTER

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

SUBJECT: GUERENDIAN DOLLAR STORE 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 ☐ \$78.75
Filing Fee 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: ORLANDO D. GUERENDIAN
Name (Printed or typed)

762 SW 8 STREET
Address

MIAMI FL, 33130
City, State & Zip

786-318-8615
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:

GUERENDIAN DOLLAR STORE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

762 SW 8 STREET
MIAMI FL, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL DOLLAR STORE

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):

ORLANDO D. GUERENDIAN (PRESIDENT)
OSMARY GUERENDIAN (VICE-PRESIDENT)

ARTICLE VI REGISTERED AGENT

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

ORLANDO D. GUERENDIAN
6738 SW 12 STREET
MIAMI FL, 33144

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ORLANDO D. GUERENDIAN
6738 SW 12 STREET
MIAMI FL, 33144

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

12/15/04

Date

✓ 

Signature/Incorporator

12/15/04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA