

P05000003056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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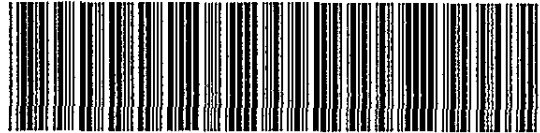
(Business Entity Name)

(Document Number)

Certified Copies _____, Certificates of Status _____

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Stormant's Grocery, 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: Neal Stormant
Name (Printed or typed)
Highway 41
P. O. Box 262
Address
White Springs FL 32096
City, State & Zip
386 397-2637
Daytime Telephone number

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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:

Stormants Grocery Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Highway 41

P O Box 262 White Springs FL 32096

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct business

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):

Pres/Sec/Treas : NEAL Stormant

P O Box 262

White Springs FL 32096

ARTICLE VI REGISTERED AGENT

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

Neal Stormant

Highway 41

P.O. Box 292

White Springs FL 32096

911 add:

16874 Spring St
White Springs, FL 32096

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Neal Stormant

Highway 41

P O Box 292

White Springs FL 32096

ARTICLE VIII Effective Date

Effective Date shall be

1/1/05.

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

Signature/Incorporator

Date

Date

CLERK OF STATE
TALLAHASSEE, FLORIDA

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FILED