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COVER LETTER

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

SUBJECT: Sneads Sowe A-Lot (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of	
Status ADDITIONAL COPY REQUIRED				
FROM: Mohammed KHALIL Name (Printed or typed) 261 Sturgeon drive Address				
Tallahessee FL - 32312 City, State & Zip				
850 - 339 - 6163 - 850 - 528 - 8701 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. (Programme)	rofit)
ARTICLE I NAME The name of the corporation shall be: Snead's Save	,
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8022 Hwy 90 - Sneads - Jackson ARTICLE III PURPOSE The purpose for which the corporation is organized is: 901	,
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRE List name(s), address(es) and specific title(s):	<u>ectors</u>
Mohammed KHALIL P. 261 Sturgeon drive Tall- Pl 32312 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accept Mohammed Khalil - 261 S Tall - Pl	able) of the registered ago Fis:
Mohammed Khalil - 261 5 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Moham 261 Sturgeon drive	turgeon drivers & III 32312 ORED B med Khalil
261 Sturgeon dvive Tall - Pl 32312 *********************************	**************************************
	12.07-05
Signature/Registered Agent	Date

Date

Signature/Incorporator