

PO70000013399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

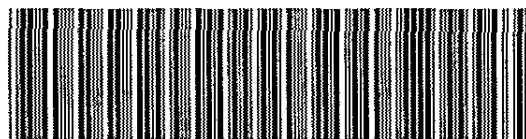
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JAN 29 PM 2:40

FILED

T. Hampton JAN 30 2007

COVER LETTER

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

SUBJECT: City Produce of Pinellas County 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: Selajdin Hoxhalli
Name (Printed or typed)

2701 4th St N
Address

St Petersburg FL 33704
City, State & Zip

727-822-4876
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: City Produce of Pinellas County Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 2701 4th St N
St Petersburg FL 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Sell Produce

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Selajdin Hoxhalli - President
Altin Hoxhalli - Vice President
2701 4th St N.
St Petersburg FL 33704

ARTICLE VI REGISTERED AGENT

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

Altin Hoxhalli
2701 4th St N
St Petersburg FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Selajdin Hoxhalli
2701 4th St N
St. Petersburg FL 33704

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

Altin Hoxhalli
Signature/Registered Agent

Selajdin Hoxhalli
Signature/Incorporator

January 24, 2007
Date

January 24, 2007
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED