

P070000015615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

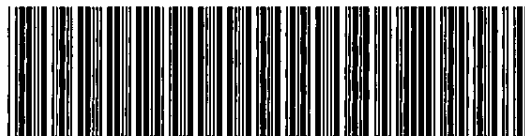
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/02/07--01005--007 **122.50

FILED

2007 FEB -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton FEB 05 2007

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

Re: KING SY OF CENTRAL FLORIDA II, INC.

To Whom It May Concern:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed Corporation. [I reserved the above corporate name with your office pursuant to reservation #] _____, dated

Also enclosed is a check/money order in the amount of \$122.50 for payment of the following fees:

Filing Fee	\$ 35.00
Certified copy fee	52.50
Registered Agent fee	35.00
Charter Tax	<u>00.00</u>
 TOTAL	 \$122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely



Incorporator
Barry Mohammed
10125 LICHEN CT
ORLADNO, FL 32817

**ARTICLES OF INCORPORATION
OF
KING SY OF CENTRAL FLORIDA II, INC .**

ONE: The name of the Corporation is King Sy of Central Florida II, Inc.

TWO: The duration of the Corporation shall be perpetual

THREE: The address of the Corporation is:
10125 Lichen Ct
Orlando, Florida, 32817

FOUR: The general purpose or purposes for which this Corporation is being formed is/are to operate a Full-Service Liquor Store, wholesale and retail, including bar and restaurant. Consulting and all other lawful business activities for which Corporation may be incorporated under Chapter 607 of the Florida statutes.

FIVE: The aggregate number of shares, which the Corporation shall have authority to issue, is:

One Thousand (1,000) common shares having a value of \$1.00 per share.

SIX: The registered agent and the street address of the initial registered office of the Corporation in the State of Florida is:

Name

Address

Barry Mohammed

10125 Lichen Ct.
Orlando, Florida 32817

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEVEN: The number of directors/officers constituting the initial Board of Directors is/are 3 and the name and address of each person who is to serve as a member thereof is as follows:

<u>Name</u>	<u>Address</u>
Terrence Mohammed President	10125 Lichen Ct Orlando, Florida 32817
Sean A. Mohammed Vice-president	4525 Beagle Street Orlando, Florida 32818
Barry Mohammed Secretary	10125 Lichen Ct Orlando, Florida 32817

EIGHT: The name and address of the Sole Incorporator is:

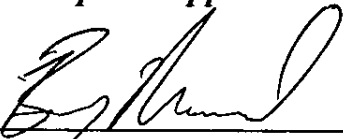
<u>Name</u>	<u>Address</u>
Barry Mohammed	10125 Lichen Ct Orlando, Florida 32817

The internal affairs of the Corporation shall be governed by the By-Laws of the Corporation, which shall be adopted at first meeting of the Board of Directors.

NINE: The names and street addresses and the number of shares subscribed to by the subscribers hereto, who are also members of the first Board of Directors and who are to conduct the Business of the Corporation until those elected at the organizational meeting are:

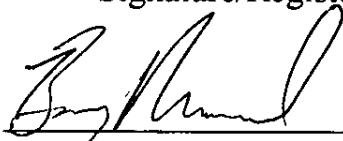
<u>Name</u>	<u>Shares</u>
Terrence Mohammed 10125 Lichen Ct Orlando, FL 32817	334 Shares
Sean Mohammed 4525 Beagle Street Orlando, FL 32817	333 Shares
Barry Mohammed 10125 Lichen Ct Orlando, FL 32817	333 Shares

.....
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

1-26-07
Date



Signature/Incorporator

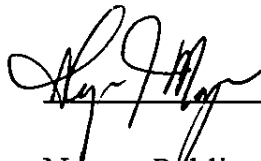
1-26-07
Date

STATE OF FLORIDA

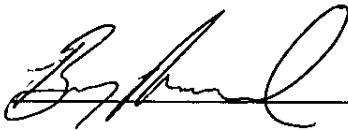
COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the State and County named above to take acknowledgments, personally appeared to me known to be the person, Barry Mohammed, as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this 26th day of JANUARY, 2007.



Notary Public ALWYN J MORGAN
My commission expires: 12/13/2010



Personally Known _____
Identification FL DRIVERS LICENSE
M530-077-77-243-0

