

PO9000011832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

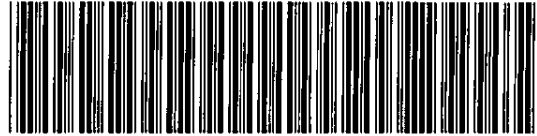
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
09 FEB -8 AM 10:47

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COVER LETTER

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

SUBJECT: FAYES one STOP
(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: Myrna Loy
Name (Printed or typed)

936 W. Tropical Way
Address

Plantation FL 33317
City, State & Zip

954-650-3214
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2009

MYRNA LOY
936 W TROPICAL WAY
PLANTATION, FL 33317

SUBJECT: FAYES ONE STOP, INC.
Ref. Number: W09000004002

We have received your document for FAYES ONE STOP, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 009A00002895

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:

Fayes one STOP, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

936 W TROPICAL WAY
Plantation, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO operate as a small ethnic convenient grocery store. Retail small goods, provide services such as bill pay

ARTICLE IV SHARES

The number of shares of stock is:

100 ml

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Myrna Loy President
936 W TROPICAL WAY
Plantation, FL 33317

ARTICLE VI REGISTERED AGENT

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

Myrna Loy
936 W. TROPICAL WAY
Plantation FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Myrna Loy
936 W. TROPICAL WAY
Plantation, FL 33317

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

M Loy

Signature/Registered Agent

M Loy

Signature/Incorporator

1-9-09

Date

1-9-09

Date

09 FEB -8 AM 10:47

FILED