P10000037343

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	■ WAIT	MAIL		
(Business Entity Name)				
(50	isiness Entity Iva	ine)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special instructions to	Filing Officer			
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SECRETARY OF STATE
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Office Use Only

GP 4/30/10

COVER LETTER

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

SUBJECT: Fresh N	Meat Market & Grocery Inc		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	PY REQUIRED
FROM: <u>Gr</u>	Nam I4 Blue Sage Dr	e (Printed or typed)	
	~	Address	
Lan	d o Lakes, FL 34639	, State & Zip	
(81:	3) 767 - 1069 Daytime 1	Telephone number	
greç	gory.lind@gmail.com	d for future annual report r	otification)
	L-man address, to be use	a for facult annual report is	· ····································

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:

Fresh Meat Market & Grocery Inc

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: business address: 3613 E Busch Blvd, Tampa, FL 33612 mailing address: 5944 Blue Sage Dr, Land o Lakes, FL 34639

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: meat market / grocery store

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GREWEY LIND, 5444 blue SAGEYR, Lind o Lakes, ft 34639, PRESIDENT

Manuel Torres, 2102 w. Idlewild Ave, Tampa, ft 33604, Vice President

Notable Torres, 5444 blue sage Dr. Land o Lakes, ft 34637, Treasurer

DORIS LIND, 5444 blue sage Dr. Land o Lakes, ft 34639, secretury

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: gregory lind, 5944 blue sage dr, land o lakes, FL 34639

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: gregory lind, 5944 blue sage dr, land o lakes, FL 34639

*********	***********
Having been named as registered agent to accept service of place designated in this certificate, I am familiar with and agree to act in this capacity	
agree to act in this capacity	4/26/2010
Signature/Registered Agent	Date
(-N-)	4/26/2010
Signature/Incorporator	Date