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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

# **COVER LETTER**

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

386-931-1956

joaquimbarbosa@live.com

SUBJECT: 1B	MILLENNIUM PROPOSED CORPORA	Y GROCERY	INC.
0	(PROPOSED CORPORA	ite name – <u>Must Incl</u>	UDE SUFFEX)
Enclosed are an orig	inal 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Jos	quim Barbosa		
•	Nam	e (Printed or typed)	
65 1	Boston LN		
		Address	
Pali	m Coast FL 32137	S 2. 7:	
	Chy	, State & Zip	

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

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

## 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:

J B Millennium Grocery Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 15 Palm Harbor Village Way (unit D)

Palm Coast FL 32137

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail store for Groceries, food, products,goods, wine, beer ...

## ARTICLE IV SHARES

The number of shares of stock is: 1.000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Miupsol

Dr. Maria Pinto

Barbosa

Tristan A. Meister

Barbosa President

Vice-president

Secretary

#### ARTICLE VI REGISTERED AGENT

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

Joaquim Barbosa

65 Boston LN

Palm Coast FL 32137

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

J0994 h Barbos9 15 Palm Harbor Village Way (unit D)

Palm Coast FI 32137

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

FILED

SECRETARY OF STATE

A 10: 20

YorkinnBorless6-1-3010Signature/Registered AgentDateSignature/Incorporator6-1-3010Date

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