

P110000050995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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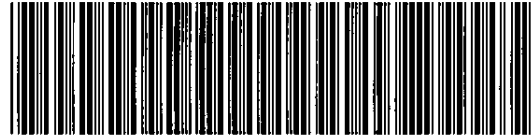
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/26/11--01007--007 **87.50

FILED
2011 MAY 26 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC

COVER LETTER

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

SUBJECT: P. M. VARIETY AND SHOE STORE, 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: PHILOMISE MARCELLUS
Name (Printed or typed)

232 NE 141 STREET
Address

MIAMI FL 33161
City, State & Zip

786 431-5405
Daytime Telephone number

NONE
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 26 PM 2:30

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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: **P. M. VARIETY AND SHOE STORE, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address
13387 MEMORIAL HWY
NORTH MIAMI FL 33161

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE OF THE CORPORATION IS TO CREATE BUSINESS OPPORTUNITIES FOR OUR COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is: **50**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PHILOMISE MARCELLUS**
Address: **232 NE 141 STREET**
MIAMI FL 33161
PRESIDENT

Name and Title: **EMMANUEL OCCEMA**
Address: **232 NE 141 STREET**
MIAMI FL 33161
SECRETARY

Name and Title: **SAMUEL SEAN**
Address: **232 NE 141 STREET**
MIAMI FL 33161
TREASURY

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

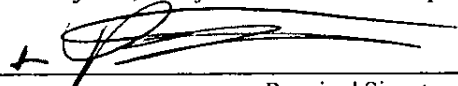
Name: **PHILOMISE MARCELLUS**
Address: **232 NE 141 STREET**
MIAMI FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PHILOMISE MARCELLUS**
Address: **232 NE 141 STREET**
MIAMI FL 33161

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



Required Signature/Registered Agent

05-19-2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

05-19-2011

Date

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