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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CSH SERVICES, LLC

Account Number: I20070000160

: (800)494-3124

Phone Fax Number

: (561)455-9885

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

| Address: | |
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| | |
| | Address: |

FLORIDA PROFIT/NON PROFIT CORPORATION GIBSON'S NEIGHBORHOOD MART, INC.

| 最高的新型型量数1.19 men 1.19 cts 1.64 cts 1.65 cts 1.6 | COTA ON THE SECRETARISES CONTRACTOR |
|---|-------------------------------------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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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:

GIBSON'S NEIGHBORHOOD MART, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1070 NW FEDERAL HIGHWAY STUART, FLORIDA 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT
CHERRYL A GIBSON
2452 SE GOWIN DRIVE

PORT ST LUCIE, FLORIDA 34952

VICE PRESIDENT
MICHAEL F GIBSON
2452 SE GOWIN DRIVE
PORT ST LUCIE, FLORIDA 34952



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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CHERRYL A GIBSON 2452 SE GOWIN DRIVE PORT ST LUCIE, FLORIDA 34952

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

CHERRYL A GIBSON
2452 SE GOWIN DRIVE
PORT ST LUCIE, FLORIDA 34952

11 JUL 21 PH 12: 48

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.

CHERRYL A GIBSON / Registered Agent

.

CHERRYL A GIBSON /Incorporator

Date

Date