

P110000081056



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09/02/11--01019--017 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 13 PM 4:44

Handwritten signature/initials

Handwritten number 916

Handwritten number 915

Handwritten number 91000045993

COVER LETTER

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

SUBJECT: Little Chiquita Corporation

(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: **EKHLAS MUSTAFA**

Name (Printed or typed)

989 LUCY STREET

Address

FLORIDA CITY, FLORIDA 33034

City, State & Zip

305-245-3630

Daytime Telephone number

EKHLASMUSTAFA@GMAIL.COM

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

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

RECEIVED
11 SEP 13 AM 9:23
DIVISION OF CORPORATIONS

9/8/2011

Re: W11000045993

Dear Jessica,

Please review my application. I changed the name and signed both registered agent and incorporator portion of application.

If you can please send me the corporation certificate by e-mail as soon as possible.

ekhlasmustafa@gmail.com

Thank you very much,


Ekhlas

RECEIVED

11 SEP 12 AM 9:

SECRETARY OF SCS
FALLAHASSEE, FLOR



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2011

EKHLAS MUSTAFA
989 LUCY ST.
FLORIDA CITY, FL 33034

SUBJECT: CHIQUITA CORPORATION
Ref. Number: W11000045993

We have received your document for CHIQUITA CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

Please return 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) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 311A00020654

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: **LITTLE CHIQUITA CORPORATION**

ARTICLE II PRINCIPAL OFFICE

Principal street address
989 LUCY STREET
FLORIDA CITY
FLORIDA 33034

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
GROCERY RETAIL

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EKHLAS MUSTAFA	Name and Title: _____
Address: 989 LUCY STREET	Address: _____
FLORIDA CITY, FL 33034	_____
_____	_____

Name and Title: EKHLAS MUSTAFA	Name and Title: _____
Address: 989 LUCY STREET	Address: _____
FLORIDA CITY, FL 33034	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: **EKHLAS MUSTAFA**
Address: **989 LUCY STREET**
FLORIDA CITY, FL 33034

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **EKHLAS MUSTAFA**
Address: **989 LUCY STREET**
FLORIDA CITY, FL 33034

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 13 PM 4:44

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

EKHLAS MUSTAFA
Required Signature/Registered Agent

9/8/2011
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.

EKHLAS MUSTAFA
Required Signature/Incorporator

98/8/2011
Date