

P11000099815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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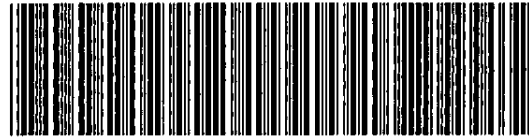
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 NOV 18 PM 1:35

PS 11/20/11

COVER LETTER

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

SUBJECT: MY ONLINE GROCERY INCORPORATED
(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: JOSHUA BROWN
Name (Printed or typed)

PO BOX 461
Address

SANFORD FL 32772
City, State & Zip

407-900-6964
Daytime Telephone number

INFO @ MY ONLINE GROCERY.COM
E-mail address: (to be used for future annual report notification)

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: MY ONLINE GROCERY INCORPORATED

ARTICLE II PRINCIPAL OFFICE

Principal street address

403 CASA MARINA PLACE
SANFORD FL 32771

Mailing address, if different is:

PO Box 461
SANFORD FL 32772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE A GROCERY DELIVERY SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSHUA BROWN PRESIDENT
Address: 403 CASA MARINA PLACE
SANFORD, FL 32771

Name and Title: MKHAELA BROWN
Address: 306 RACHELE AVE
APT 428
SANFORD FL 32771

Name and Title: PERRY MANN
Address: 3212 HERON LAKES DR
SANFORD FL 32771

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: JOSHUA BROWN
Address: 403 CASA MARINA PLACE
SANFORD FL 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSHUA BROWN
Address: 403 CASA MARINA PLACE
SANFORD FL 32771

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

JAB
Required Signature/Registered Agent

10-1-11
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.

JAB
Required Signature/Incorporator

10-1-11
Date

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