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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : I20000000257
Phone : (850) 224-8870
Fax Number : (850) 222-1222

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
SHALIMAR VILLAGE MARKET INC.

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: SHALIMAR VILLAGE MARKET 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: HYOUNG-JAE KIM, CPA, PC
Name (Printed or typed)

24293 TELEGRAPH RD. STE 106
Address

SOUTHFIELD, MI 48033
City, State & Zip

(248)213-0011
Daytime Telephone number

HKIMCPA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

12 JUL 25 PM 12:50

SEAL
DIVISION OF CORPORATIONS

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 **SHALIMAR VILLAGE MARKET INC.**
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
40 8TH STREET
SHALIMAR, FL 32579

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO OPERATE THE CONVENIENCE STORE.

ARTICLE IV SHARES
The number of shares of stock is: **100 SHARES OF COMMON STOCK OF NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>YONG W SHIM - PRESIDENT</u>	Name and Title: _____
Address: <u>SECRETARY, TREASURER & DIRECTOR</u>	Address: _____
<u>497 HANOVER PORT LANE</u>	_____
<u>FORT WALTON BEACH, FL 32547</u>	_____

Name and Title: <u>DONG S SHIM - VICE PRESIDENT &</u>	Name and Title: _____
Address: <u>DIRECTOR</u>	Address: _____
<u>497 HANOVER PORT LANE</u>	_____
<u>FORT WALTON BEACH, FL 32547</u>	_____

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: YONG W SHIM
Address: 497 HANOVER PORT LANE
FORT WALTON BEACH, FL 32547

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YONG W SHIM
Address: 497 HANOVER PORT LANE
FORT WALTON BEACH, FL 32547

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

Yongwoon Shim

Required Signature/Registered Agent

07/25/2012

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.

Yongwoon Shim

Required Signature/Incorporator

07/25/2012

Date