## P1200097277

(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:					
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NAME OF PHIZ: 53

F 11/27/12

## **COYER LETTER**

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

## SUBJECT: AGORA FOOD 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

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

OM: AGORAT OOD WARKET  Name (Printed or typed)	······································
602 ATHENS STREET	2 NO
Address	26
TARPON SPRINGS, FL 34689	<b>-P</b>
City, State & Zip	S
727-331-4319	<b>5</b> 53

AGORAFOODMARKET@GMAIL.COM

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

Daytime Telephone number

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)

RTICLE II	PRINCIPAL OFFICE		10 NOV OC - DV 10, EO
	Principal street address	Mailing	12 NOV 26 PM 12: 53 address, if different is:
	602 ATHENS STREET	***************************************	- 
	TARPON SPRINGS, FL 34689	-	
		-	
RTICLE III	<u>PURPOSE</u>		
e purpose for	which the corporation is organized is: RE	TAIL GROCERY STORE	
	GII A DOG		
ne number of s	SHARES hares of stock is: 100		
	INITIAL OFFICERS AND/OR DIR	FCTY)DC	
	Title: PETROS MIKALEF		
Address:	602 ATHENS STREET	Address:	
	TARPON SPRINGS, FL 34689		
Name and	Tide. NICK MIKALEE	Name and Tide	
Name and Address:		Address	
Address.	TARPON SPRINGS, FL 34689	Address.	
Name and	Title:	Name and Title:	
Address:			
	<del></del>		
RTICLE VI	REGISTERED AGENT		
	Iorida street address (P.O. Box NOT acce	ptable) of the registered agent is:	
Name:	PETROS MIKALEF		
Address:	602 ATHENS STREET TARPON SPRINGS, FL 34689		
	TARPON SPRINGS, FL 34009		
RTICLE VII	INCORPORATOR		
e <u>name and a</u>	ddress of the Incorporator is:		
Name:	PETROS MIKALEF		
Address:	602 ATHENS STREET		
	TARPON SPRINGS, FL 34689		
wina kaan na	med as registered agent to accept service o	f process for the above stated cor	poration at the place designated i
iviny neen nu	am familiar with and accept the appointme		
			44 40 3043
	Required Signature/Registered A	nent	11-18-2012 Date

Date

Required Signature/Incorporator