P1300007095

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/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



000243884490

01/23/13--01001--018 **87.50

TO ACKNOWLEDGE RETUCENCY OF FILM STAPTACITY STATES

13 JAN 22 PH 4: 38
SECRETARY OF STATE
ALLAHASSEE FLORIDA







COVER LETTER

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

SUBJECT: MOULTYS CONV	Jenience, 5	tore_
Enclosed are an original and one (1) copy of the artic		JDE SUFFIX)
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
Y.O. BOX	Moulty (Printed or typed) 3 2 7 ddress	· /
Chattahoochee, Fl	32324 State & Zip	· · · · · · · · · · · · · · · · · · ·
880) 50 Daytime Te	09-0487	
Chrismoultry @ Chrism	Jahoo. Com Vor future annual report i	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)

The name of the	NAME corporation shall be: Moutry's C	convenience St	ORE CUIPI
ARTICLE II	PRINCIPAL OFFICE		•
	Principal street address	P \(\text{Mailing} \)	address, if different is:
	115 W. Washington St.	P.O. BO	X 301/ XI 01/F/ 3-22-21/
	CHAITWOOCHEE POL 3830	T Chattahu	Unity, 1 C 32324
RTICLE III			
he purpose for	which the corporation is organized is:	4500)	
MARCO	AND THE PARTY OF T		
A BOOD	ar Colonia Col	786486 280 C	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Anything Lai	vfu T	
ARTICLE IV	SHARES		
he number of sl	nares of stock is:	_	
ARTICLE V	INITIAL OFFICERS AND/OR DIRE	CTORS Just)	
Name and	Title: ANNIF Kate Moultry	Name and Title:	
Address:	525 ZION Street	Address:	
	Chattahoochec, FL 3235	- Huckis	
		- Clark Dilesear)	
Name and	Title: Christopher L. Mou F	Name and Title:	
Address:	of E. Marion St.	Address:	
	Chattahoochee, FL 32321	!	
Name and Address:	Title:	Name and Title: Address:	
Audress:		Address.	
DTICI E UI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT accept	able) of the registered agent is:	779
Name:	Christopher L. Moul	try	56 3
Address:	21 F. Marion St.	। বহন।	≥
	Chattahoochee, FL 30	<u>4.504</u>	2
RTICLE VII	INCORPORATOR		2 N
	ddress of the Incorporator is:	Monter	The Branch
Name:	Chrotoppe	THE WILL Y	
Address:	The standal	DE 11 2027	4 3 5
	-CHATANOUNE	AJT SLIL	/ DA 38
laving been na	med as registered agent to accept service of	process for the above stated cou	poration at the place designated in
his certificate, I	am familiar with and accept the appointmen	fat registered agent and agree	to act in this capacity
	SAND MATA	M	Tay 22 2018
	Page Signal Signal Page 1	<u> </u>	CHINO OCY OUD
	Required Signature/Registered Age	· /· · · · · · · · · · · · · · · · · ·	Date
submit this do	cument and affirm that the facts stated here	ein ale true. I gm ayvare that ti	he false information submitted in a
ocument to the	Department of State constitutes a third degre	ee felony as provided for in s.81	7.155, F.S.
	('X/1/X') //	DT-1111	TAN 17.7
	Required Signature/Incorporator	<u> </u>	0041122