

P13000055645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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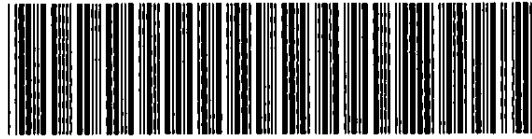
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 JUN 27 PM 12:56  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ymD 6/28

## COVER LETTER

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

SUBJECT: **ST. JOSEPH MAIN STREET CITGO, 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: **BOB LANE'S ACCOUNTING**

Name (Printed or typed)

**400 TOMPKINS STREET**

Address

**INVERNESS, FL 34450-4139**

City, State & Zip

**352-344-2888**

Daytime Telephone number

**rlanejr@tampabay.rr.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: ST. JOSEPH MAIN STREET CITGO, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

415 W. MAIN STREET  
INVERNESS, FL 34450

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CONVENIENCE STORE WITH GAS  
AND/ OR ANY OTHER BUSINESS OF A LAWFUL NATURE

**ARTICLE IV SHARES** 500

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ATEF F. WAHBALLA-President

Name and Title: \_\_\_\_\_

Address 415 W. MAIN STREET  
INVERNESS, FL 34450

Address: \_\_\_\_\_

Name and Title: EMAD SHOUKRY ATTIA-V. President

Name and Title: \_\_\_\_\_

Address 415 W. MAIN STREET  
INVERNESS, FL 34450

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: ROBERT C. LANE, JR.  
Address: 400 TOMPKINS STREET  
INVERNESS, FL 34450

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STATE  
TREASURER, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: EMAD SHOUKRY ATTIA  
Address: 415 W. MAIN STREET  
INVERNESS, FL 34450

*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*

Robert C. Lane, Jr.  
Required Signature/Registered Agent

June 24, 2013  
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.*

E. mad. s. Attia  
Required Signature/Incorporator

June 24, 2013  
Date