

P130000101636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

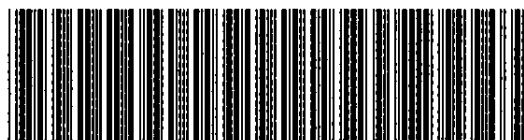
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/23/13--01005--014 **78.75

FILED
13 DEC 23 AM 8:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Aeksellen, 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

FROM: Mohamed A. Kamara

Name (Printed or typed)

441 Holmes Ave. NW

Address

Palm Bay, FL 32907

City, State & Zip

(321) 373-6612

Daytime Telephone number

mohamed_kamara@msn.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: Aeksellen, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

441 Holmes Ave. NW

Palm Bay, FL 32907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To open and operate grocery stores,
supermarkets, and retail stores offering consumer products and banking
services for profit.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

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TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mohamed A. Kamara, Managing Director

Address: 441 Holmes Ave. NW
Palm Bay, FL 32907

Name and Title: Joan M. Kamara, Treasurer

Address: 441 Holmes Ave. NW
Palm Bay, FL 32907

Name and Title: Mohamed A. Kamara, Jr., Tech Manager

Address: 441 Holmes Ave. NW
Palm Bay, FL 32907

Name and Title: Isatu J. Kamara, Secretary

Address: 41 Holmes Ave. NW
Palm Bay, FL 32907

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(cont.)

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: Mohamed A. Kamara

Address: 441 Holmes Ave. NW

Palm Bay, FL 32907

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

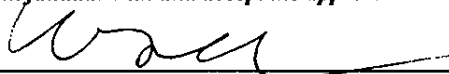
Name: Mohamed A. Kamara

Address: 441 Holmes Ave. NW

Palm Bay, FL 32907

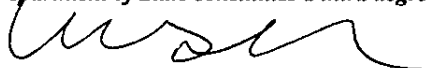
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/19/13
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.


Required Signature/Incorporator

12/19/13
Date