

PI40000249377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

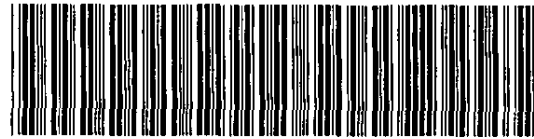
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COVER LETTER

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

SUBJECT: **ALLEN FAY FOOD MART 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: Abdo J Shariati

Name (Printed or typed)

1722 San Damien Rd

Address

Tallahassee, FL 32303

City, State & Zip

850-933-9001

Daytime Telephone number

alenshariati@yahoo.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: ALLEN FAY FOODMART INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

1776 OLD BAINBRIDGE RD
TALLAHASSEE, FL 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

convenient store and Gas station

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>PRESIDENT</u>	Name and Title:	<u>VP</u>
Address	<u>ABDOL SHARIATI</u>	Address:	<u>FOROUGH SHARIATI</u>
	<u>1722 SAN DAMIAN RD</u>		<u>1722 SAN DAMIAN RD</u>
	<u>TALLAHASSEE, FL 32303</u>		<u>TALLAHASSEE, FL 32303</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

SECRET
FLORIDA
STATE
CORPORATION

14 JUN 10 AM 9:20

APPROVED
AND
FILED

(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: ABDOL SHARIATI
Address: 1722 SAN DAMIAN RD
TALLAHASSEE FL 32303

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 JUN 10 AM 9:20

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AND
FILED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ABDOL SHARIATI
Address: 1722 SAN DAMIAN RD
TALLAHASSEE FL 32303

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

6/10/14
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

6/10/14
Date