

P4 000073323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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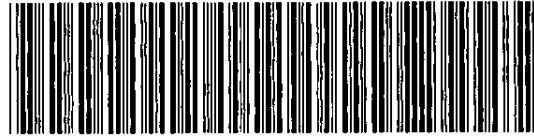
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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14 SEP -4 AM 11:49
DIVISION OF CORPORATIONS
SECRETARY OF STATE

**cc*

8-5-14

COVER LETTER

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

SUBJECT: CANE STORE 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: CANE STORE INC.

Name (Printed or typed)

5667 BAINBRIDGE HWY

Address

QUINCY, FL 32352

City, State & Zip

850 875-1978

Daytime Telephone number

dpumpurs@comcast.net

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: CANE STORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5667 BAINBRIDGE HWY

QUINCY, FL 32352

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NAEL M HALIM / PRESIDENT

Address: 5617 BAINBRIDGE HWY
QUINCY, FL 32352

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 SEP - 4 AM 11:58

(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: NAEL M HALIM
Address: 5617 BAINBRIDGE HWY
QUINCY, FL 32352

ARTICLE VII INCORPORATOR

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

Name: NAEL M HALIM
Address: 5617 BAINBRIDGE HWY
QUINCY, FL 32352

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

Nael Halim 09-03-14
Required Signature/Registered Agent 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.

Nael Halim 09-03-14
Required Signature/Incorporator Date