## P1400008145

(Requestor's Name)				
(Address)				
(Ac	idress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	MAIT WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
CALL When				
Special Instructions to Filing Officer:  CALL Whun  Ready				

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Kand S	FOOD Mart	MC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	JDE <u>SUFFIX</u> )		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
ADDITIONAL COPY REQUIRED					
FROM:	Khalid Nabul 5540 Mossi Tallahasser		/ o_3		
	HO 4 Daytime T	celephone number	ootification)		

NOTE: Please provide the original and one copy of the articles.

I Khaliv Jakelsi will not l'einstate Use The Name: Kamls Document # 20200008337

> Cleelii) Nabelsi



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal <u>street</u> address		Ma	iling address, if	different is:
1 Springthe Rd				
lahasso EL 32	305			,
			··	· · ·
CLE III PURPOSE	adis: All	100-1		
pose for which the corporation is organiz	ed is:	<u> </u>		
	<u></u>			
	<u> </u>	<del></del>		
1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		<u> </u>		
CLE IV SHARES  There of shares of stock is:	)			
nber of shares of stock is:				
the V INITIAL OFFICERS AND	OOR DIRECTORS			
Name and Title: Khalia	VOR DIRECTORS	Name and Title:		Se Co
the v INITIAL OFFICERS AND	SSY TOPW			
Name and Title: Khalia	VOR DIRECTORS	A) -		
The V INITIAL OFFICERS AND  Name and Title: KC C	SSY TOPW	A) -		200 A
Name and Title: Khalia	SSY TOPW	Address:		RA C
Name and Title: Khalid Maddress 5540 Ma	Sy Topw	Address:  Name and Title:		200 A
Name and Title:  Name and Title:  Name and Title:	SSY TOPW	Address:  Name and Title:  Address:		2 RA 8:24
Name and Title:  Name and Title:  Address  Address  Address	SSY TOPW	Address:  Name and Title:  Address:		2 RA 8:24
Name and Title:  Name and Title:  Address  Name and Title:  Address	SSY TOPW	Address:  Name and Title:  Address:		MO D H S 21
Name and Title:  Name and Title:  Address  Name and Title:  Address	SSY TOPW	Address:  Name and Title:  Name and Title:		VOIS 11 11 12 12 12 12 12 12 12 12 12 12 12

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT accept	ptable) of the registered agent is:
Name: Khalid NOIPV/S)	<u> </u>
Address: 5540 MOSSY Top	WAY
Tallahasse E	L 32 203
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: Khalid Nobyls	<u> </u>
Address: 5540 MUSSA	Cop WAY
Tallahassa EL	32303
Having been named as registered agent to accept service of this certificate, I am familiar with and accept the appointment	of process for the above stated corporation at the place designated in ent as registered agent and agree to act in this capacity
Kuled Malacle	2/10/14
Required Signature/Registered Ag	gent Date
	erein are true. I am aware that the false information submitted in
document to the Department of State constitutes a third deg	ree felony as provided for in s.817.155, F.S.
Required Signature/Incorporate	Tabuler 2/10/14
reduited Digitality interpolate	

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