

P15000033641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

~~W15-23503~~

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 13 PM 2:18

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AND  
FILED

VH

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

**SUBJECT:** A & J Convenience Store of North Miami, inc.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee
	<i>&amp; Certificate of Status</i>

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Hardy Julmis**  
Name (Printed or typed)

**13045 West Dixie Hwy**  
Address

**North Miami, FL 33161**  
City, State & Zip

**7867176954**  
Daytime Telephone number

**ajconveniencestore@gmail.com**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2015

ALISA OATES  
13045 WEST DIXIE HWY  
NORTH MIAMI, FL 33161

SUBJECT: A&J CONVENIENCE STORE OF NORTH MIAMI, INC.  
Ref. Number: W15000023503

We have received your document for A&J CONVENIENCE STORE OF NORTH MIAMI, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 815A00006749

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: A & J Convenience Store of North Miami, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

13045 West Dixie Hwy

North Miami, FL 33161

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To successfully and lawfully open and run a convenience store in North Miami Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Hardy Julmis , Owner and CEO

Address 13045 West Dixie Hwy  
North Miami, FL 33161

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  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

(conti.)

APPROVED  
AND  
FILED

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Hardy Julmis  
Address: 13045 West Dixie Hwy  
North Miami, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alisa Oates  
Address: 540 NW 111th St  
Miami, FL 33168

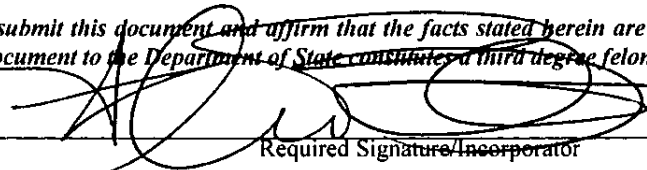
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

4/9/2015

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

4/9/2015

Date