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(((H16000107201 3)))



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FLORIDA PROFIT/NON PROFIT CORPORATION APNAR PHARMACY & SUPERMARKET INC.

Certificate of Status	1
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S. GILBERT

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

de

APNAR PHARMACY & SUPERMARKET INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2560 S. MILITARY TRAIL WEST PALM BEACH, FL 33415 16 APR 29 PM II : 52

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 @ No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SANJIDA RASHID 17222 69TH STREET N. LOXAHATCHEE, FL 33470

Prepared By:
Bruce B. Hubbard

238 W. Jericho Turnpike
Huntington Station, NY 11746
1-516-935-3940

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ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

MOHAMMAD MAZHARUL KHAN - President/Director 13214 N.W. 15TH COURT PEMBROKE PINES, FL 33028

SANJIDA RASHID - Secretary/Director 17222 69TH STREET N. LOXAHATCHEE, FL 33470

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MOHAMMAD MAZHARUL KHAN 13214 N.W. 15TH COURT PEMBROKE PINES, FL 33028

SANJIDA RASHID 17222 69TH STREET N. LOXAHATCHEE, FL 33470

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

28TH day of APRIL 20 16

MOHAMMAD MAZHARUL KHAN Signature

AN IIDA RASHID Signatu

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

1. The name of the corporation is: APNAR PHARMACY & SUPERMARKET INC.

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

O. The second address of the second	and annual and affice to	
2. The name and address of the register	ed agent and office is:	
	SANJIDA RASHID	
	Name	
	17222 69TH STREET N.	
	(P.O. Box or Mail Drop Box NOT Acceptable)	
	LOXAHATCHEE, FL 33470	
	(City / State / Zip)	
agent and agree to act in this capac	in this certificate, I hereby accept the appointment as registered ity. I further agree to comply with the provisions of all the statut performance of my duties, and am familiar with and accept the red agent.	es
Sarzida Ros SANJIDA RASHID SIGNATURE	04/28/2016 (Date)	