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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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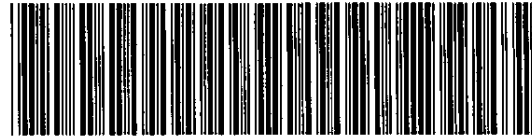
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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N. SAMS

NOV 21 2016

2016 NOV 16 AM 9:08
CLERK OF COURT
CLERK OF COURT

COVER LETTER

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

SUBJECT: ALEX GROCERY 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
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: KEITH GRAHAM

Name (Printed or typed)

1490 NW 79TH STREET

Address

MIAMI, FLORIDA 33147

City, State & Zip

786 308 7065

Daytime Telephone number

add3655@aol.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: ALEX GROCERY STORE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1490 NW 79TH STREET

MIAMI, FLORIDA 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS AUTHORIZED BY THE
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEITH M. GRAHAM/ P,T,S,

Name and Title: _____

Address

260 NW 71ST STREET

Address: _____

MIAMI, FLORIDA 33150

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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FILED
CLERK OF DISTRICT COURT
JULIA A. HARRIS, CLERK

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: ALEXANDER GRAHAM, JR. _____

Address: 7762 NW 15 AVENUE _____

MIAMI, FLORIDA 33147 _____

ARTICLE VII INCORPORATOR

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

Name: KEITH M. GRAHAM _____

Address: 260 NW 71ST STREET _____

MIAMI, FLORIDA 33150 _____

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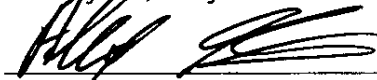
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: DATE OF FILING _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

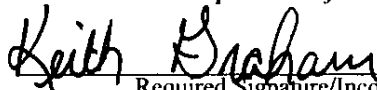


Required Signature/Registered Agent

11/04/2016

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

11/04/2016

Date

Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

The "incorporator" is the person who prepares and signs the Articles of Incorporation and then submits them for filing to the Division of Corporations. The function of the incorporator usually ends after the corporation is filed.

An Effective Date: Add a **separate article if applicable or necessary**: An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) days prior to the date of receipt or ninety (90) days after the date of filing). **If a corporation is filed anytime prior to December 31st, an annual report will be due on January 1st.**

Important Information About the Requirement to File an Annual Report

All Florida Profit Corporations must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1st and May 1st. The fee for the annual report is \$150. After May 1st a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1st, go to our website at www.sunbiz.org. There is no provision to waive the late fee. Be sure to file before May 1st.

The fee for filing a profit corporation is:

Filing Fee	\$35.00
Designation of Registered Agent	\$35.00
Certified Copy (optional)	\$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).
Certificate of Status (optional)	\$ 8.75

Make checks payable to: **Florida Department of State**

Mailing Address:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
(850) 245-6052

Street Address:

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301
(850) 245-6052