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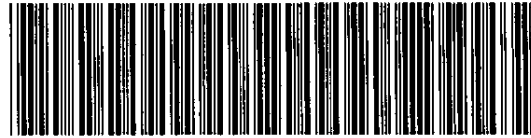
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 NOV 16 AM 9:08  
OFFICE OF THE CLERK  
STATE OF MICHIGAN

**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: \_\_\_\_\_

2011 NOV 16 AM 9:08  
MIRIAM, FLORIDA

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

RECEIVED  
 DEPARTMENT OF STATE  
 2016 NOV 16 AM 9:08

**ARTICLE VII INCORPORATOR**

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

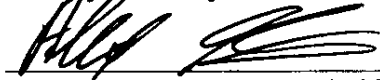
Name: KEITH M. GRAHAM  
 Address: 260 NW 71ST STREET  
MIAMI, FLORIDA 33150

**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*

 11/04/2016  
 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.*

 11/04/2016  
 Required Signature/Incorporator 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 31<sup>st</sup>, an annual report will be due on January 1<sup>st</sup>.**

**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 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$150. After May 1<sup>st</sup> 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 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

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**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