

P17000099181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

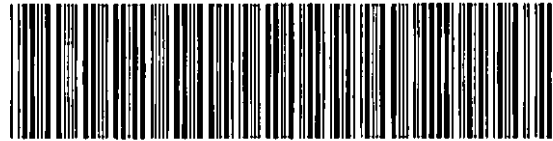
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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12/18/17--01004--006 \*\*87.50

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2017 DEC 18 10:11:18  
17 DEC 18 AM 2:52

N CULLIGAN

DEC 18 2017

## COVER LETTER

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

SUBJECT: Ma Quick Mart 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: Mohammed Nabulsi  
Name (Printed or typed)

5412 Clenden Ct  
Address

Tallahassee FL 32303  
City, State & Zip

(850) 251-2594  
Daytime Telephone number

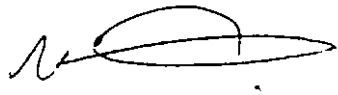
mohammamad@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

I will ~~be~~<sup>not</sup> be using the old  
Corporation to reactivate it.

I'll be filling for a new Corporation

Mc Quick Mart Inc P16000005463



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

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2017 DEC 13 AM 11:18

ARTICLE I NAME

The name of the corporation shall be: Mo Quick Mart Inc DADE COUNTY  
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2460 S. meridian st  
Tallahassee, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: mohammed Nabyki president Name and Title: \_\_\_\_\_

Address 5412 Clarendon Ct Address: \_\_\_\_\_

Tallahassee FL

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: Mohammed Nabulsi

Address: 2460 Summerdawn St  
Tallahassee, FL 32301

FILED  
2017 DEC 19 AM 11:19  
TALLAHASSEE  
FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mohammed Nabulsi

Address: 2460 Summerdawn St  
Tallahassee, FL 32301

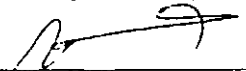
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the 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

12-18-17  
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

12-18-17  
Date