

P1800017464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

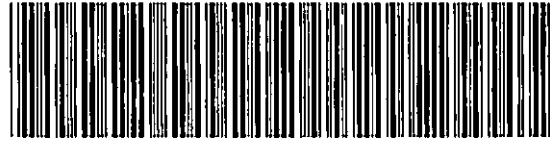
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/18--01016--023 **70.00

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18 FEB 20 PM 5:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
D O'KEEFE
FEB 22 2018

SIMPLIFIED BOOKKEEPING AND TAX SERVICE, INC.

2151 University Blvd S, Jacksonville, Florida 32216

Brett Isaac, Tax Consultant, (904) 730-9264 Fax (904) 371-3969



Bookkeeping - Payrolls - Notary - Accounts Invited
"It's Good Business to Keep Good Records"

February 16, 2018

Re: Arlington Food Express, Inc.

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18 FEB 20 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Division of Corporations,

I, Anwar Muhammad, the owner of Arlington Food Express, Inc. Document Number P16000070356 allows the release of the this corporate name for another person to register under this name.

Thank You,

X 
Anwar Muhammad, President

STATE OF FLORIDA
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 16 day of February, 2018
by Anwar Muhammad



Personally Known OR Produced Identification Brett Isaac
Type of Identification Produced

COVER LETTER

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

SUBJECT: Arlington Food Express, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

TO: Division of Corporations.

FROM: Brett Isaac
Name (Printed or typed)

2151 University BLvd S
Address

Jacksonville, FL 32216
City, State & Zip

904-730-9264
Daytime Telephone number

sbktax@comcast.net
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: Arlington Food Express Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1019 Arlington Rd North

same

Jacksonville, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To operate a convenience store and gas station.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anwar Muhammad President

Name and Title: _____

Address 2608 Randy Rd

Address: _____

Jacksonville, FL 32216

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, 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: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

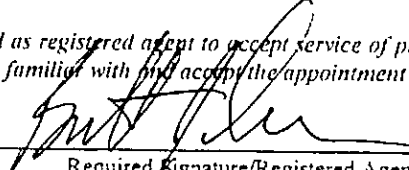
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

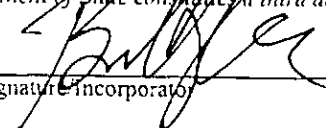
Effective date, if other than the date of filing: 02/16/2018 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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.

 2/16/18
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.

 2/16/18
Required Signature/Incorporator Date