

PI9 0000053437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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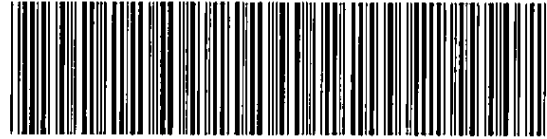
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 JUL -9 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: ALL GRADE 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: FATIH ATAY
Name (Printed or typed)

1370 Ocala Rd Apt # 215
Address

TALLAHASSEE / FL / 32304
City, State & Zip

850 345 1526
Daytime Telephone number

~~allgradesstore@gmail.com~~ allgradesstore19@gmail.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: ALL GRADE STORE INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1370 Ocala Rd Apt #215
Tallahassee FL 32304

Mailing address, if different is:

1370 Ocala Rd Apt #215
Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FATMA ATAY (President) Name and Title: _____

Address: 1370 Ocala Rd Apt #215 Address: _____

Tally FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2018 JUL -9 PM 1:17
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: FATİH ATAY
Address: 1370 Ocala Rd Apt #215
TALLAHASSEE FL 32304

ARTICLE VII INCORPORATOR

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

Name: FATİH ATAY
Address: 1370 Ocala Rd Apt #215
TALLAHASSEE FL 32304

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 address stated 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

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

FILED
2019 JUL -8 PM 1:17
TALLAHASSEE, FLORIDA
7-9-2019
Date