## P20000002966C

(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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## **COVER LETTER**

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

SUBJECT: NAHOWIE FOOD.	20			
(PROPOSED CORPOR.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	La check for:		
□ \$70.00 <b>1</b> \$78.75	□ \$78.75	<b>□</b> \$87.50		
Filing Fee Filing Fee	Filing Fee	Filing Fee,		
& Certificate of Status	& Certified Copy	Certified Copy		
		& Certificate of		
	Status ADDITIONAL COPY REQUIRED			
way Nadamie Ct Hilasze				
FROM: NAHOMIE St. HILAIRE Name (Printed or typed)				
835 NW 155 Lane Apt 106				
Address				
MIAMI FI	33169			
MIAMI FL 33169 City. State & Zip				
786 203 6653				
	elephone number	<del></del>		

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: [31=7]	MOBI	LE FOOD C	.0	
ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if different is:	
835 NW 155 LANE MIAMI FL 33169				
ARTICLE III PURPOSE  The purpose for which the corporation is organ				
			2020	
			21. E T	
ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR		<del></del>	6 PH 3: 14	
Name and Title: NAHOM (C				
•	5 LANE #106,	address:		
MIAMI FL TEL 786 2	r			
Name and Title:	N	ame and Title:		
Address	A			
Name and Title:	N	ame and Title:		
Address	Α	address:		
	<u></u>	<del></del>		

Name and Title: NAHOMIE St. HILAIRE OWNER Name and Title:
Address 835 NW 155 Lane #106 Address:
miami FL 33169
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Name: NAHOMIE St. HILMIRE
Address: 835 NW 155 LAHE Apt 106
MIAMI FL 33169
ARTICLE VII _ INCORPORATOR
The name and address of the Incorporator is:
<del></del> ,
Name: Value Minimurt I Mc
Address: 11866 West Dixis
Marie TL 33/6
<u>ARTICLE VIII _ EFFECTIVE DATE:</u>
Effective date, if other than the date of filing:
iling.)
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.
Taving been named as registered agent to accept service of process for the above stated corporation at the place designated in his certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Na Showie 3 Hilane  Required Signature/Registered Agent  Date  Date
submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a locument to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
Nolvarie 57 Hilane 07/06/20 Required Signature/Incorporator