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6/9/2020

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
EXPRESS GROCERY & DELI OF WPB, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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JUN 10 2020

COVER LETTER

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

SUBJECT: Express Grocery + Deli of WPB, 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: Mildner + Associates, P.A.
Name (Printed or typed)

423 Delaware Ave
Address

Ft. Pierce, FL 34950
City, State & Zip

(772) 464-8008
Daytime Telephone number

Rmildner@floridalegal.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. (Protic)

ARTICLE I NAMEThe name of the corporation shall be: Express Grocery & Deli of WPB, Inc.ARTICLE II PRINCIPAL OFFICEPrincipal street address
1749 North Military Trail

Mailing address, if different is:

West Palm Beach, FL 33409ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Grocery/Retail StoreARTICLE IV SHARESThe number of shares of stock is: 1000ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Mohammed Habbas / Pres. Name and Title: _____Address: 1749 North Military Trail Address: _____West Palm Beach, FL 33409

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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20 JUN - 9 PM 12:59
ALABAMA STATE FILING

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: Roy T. Mildner
Address: 423 Delaware Avenue
Ft. Pierce, FL 34950

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Mohammed Habbas
Address: 1749 North Military Trail
West Palm Beach, FL 33409

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20 JUN -9 PM 12: 59
TALLAHASSEE, FLORIDA

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

6/5/2020
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 §.817.155, F.S.

Required Signature: Incorporator

6/5/2020
Date