

P21006025126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

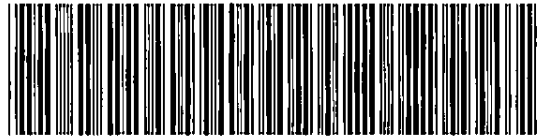
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300358612173

2021 MAR 23 AM 10:57

03/23/21--01016--016 \*\*70.00

21 MAR 22 PM 10:31

COVER LETTER

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

SUBJECT: Quincy Convenience 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:

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: Zoila Vingen  
Name (Printed or Typed)

9965 Hosford Hwy  
Address

Quincy, FL 32351  
City, State & Zip

(850) 544-7498  
Daytime Telephone number

Vingenzoila@yahoo.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: Quincy Convenience Store, INC

ARTICLE II PRINCIPAL OFFICE

113 W. JEFFERSON ST  
Principal street address  
Quincy, FL 32351

113 W. JEFFERSON ST  
Mailing address, if different is  
Quincy, FL 32351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful business activity

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

401 MAR 23 AM 10:57

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Zola Virgen PD  
Address: 9965 Hosford Hwy  
Quincy, FL 32351

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

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

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

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

Name and Title: \_\_\_\_\_  
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: Zola Vingen  
 Address: 9965 Hosford Hwy.  
Quincy, FL 32351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Zola Vingen  
 Address: 9965 Hosford Hwy.  
Quincy, FL 32351

2021 MAR 23 AM 10:57

**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*

*Zola Vingen*  
 Required Signature/Registered Agent

3/23/2021  
 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.*

*Zola Vingen*  
 Required Signature/Incorporator

3/23/2021  
 Date