

P21000046148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK UP



WAIT



MAIL

(Business Entity Name)

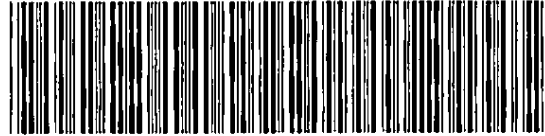
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2021 MAY 19 PM 1:23  
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: Ranchito Mart, 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**

FROM: William S. Vasquez  
Name (Printed or typed)  
7751 Kingspointe Pkwy. Suite 125  
Address  
Orlando, FL 32819  
City, State & Zip  
(407) 383-7812  
Daytime Telephone number  
aaBusiness@aol.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:

RANCHITO MART, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

102 NEW MARKET RD E.  
IMMOKALEE, FL. 34142

Mailing address, if different is:

102 NEW MARKET RD, E.  
IMMOKALEE, FL. 34142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any Lawful Business Activity

ARTICLE IV SHARES

The number of shares or stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

AHMAD WALAA TAWFIQ / PD

Name and Title:

Address

12322 ST AMBER DR  
RIVERVIEW, FL 33579

Address:

Name and Title:

TAMAM AHMAD / VP

Name and Title:

Address

1584 BIRDIE DR.  
NAPLES, FL 34120

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: AMMAD WALAA TAWPIG  
Address: 12322 STREAMBED DR  
RIEVIEW, FL 33579

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SECTION OF STATE  
TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: AMMAD WALAA TAWPIG  
Address: 12322 STREAMBED DR.  
RIEVIEW, FL 33579

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*

[Signature]  
Required Signature/Registered Agent

5/19/21  
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.*

[Signature]  
Required Signature/Incorporator

Date \_\_\_\_\_