

P21000069776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

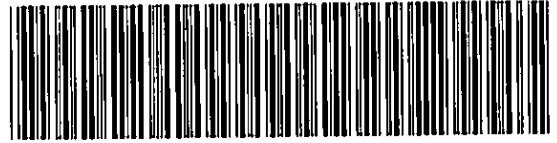
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100369892411

08/03/21--01007--005 \*\*70.00

RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -3 AM 11:39

RECEIVED

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG -3 AM 11:51

FILED

COVER LETTER

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

Isma Liquor  
Store Inc.

SUBJECT: Isma Liquor Store  
(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: Fedson Emmanuel  
Name (Printed or typed)

516 SW MKE Bld apt 308  
Address

Belle Glade FL 33430  
City, State & Zip

561 309 5789  
Daytime Telephone number

lcaessant@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:

~~Isma Liquor Store~~ **Isma Liquor Store Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

516 SW MK Blvd #308  
Belle Glade FL 33430

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

2021 AUG -3 AM 11:51  
CORPORATION STATE  
FL

FILED

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President

Vice-President

Name and Title: Fedson Emmanuel

Name and Title: Lucienne Emmanuel

Address: 516 MK Blvd #308  
Belle Glade FL 33430

Address: 516 SW MK Blvd #308  
Belle Glade FL 33430

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

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: Lucienne Emmanuel  
Address: 516 SW MLK Blvd.#308  
Belle Glade, FL 33430

2021 AUG -3 AM 11:51  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lucienne Emmanuel  
Address: 516 SW MLK BLVD # 308  
Belle Glade, FL 33430

**ARTICLE VIII EFFECTIVE DATE:** 7/28/2021 (OPTIONAL)

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*

Lucienne Emmanuel  
Required Signature/Registered Agent

07/28/2021  
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.*

[Signature]  
Required Signature/Incorporator

07/28/2021  
Date