

P21000069776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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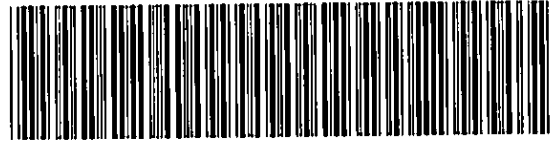
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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 ☐ \$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: Fedson Emmanuel
Name (Printed or typed)

516 SW M/K 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 MLK Blvd Apt 308

Belle Glade FL 33430

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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JULIA A. COBB, FL

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 MLK Bld Apt 308
Belle Glade FL 33430

Address: 516 SW MLK Blvd Apt 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

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

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

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SECRETARY OF STATE
TALLAHASSEE, FL

FILED