

NOV/17/2021/WED 10:21 AM
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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

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

Email Address: arimirservices@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
FM MINI MART CORP.

Certificate of Status	1
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Corporate Filing Menu

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NOV 18 2021



November 17, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARIMIR SERVICES GROUP LLC

SUBJECT: FM MINI MART CORP.
REF: W21000148554

We have received your document for FM MINI MART CORP. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Shares must be entered as a whole number. (1, 2, 3, ..., 100, etc.) Please remove any and all percentages, dollar signs and/or decimals.

If you have any further questions concerning your document, please call (850) 245-6052.

Jalesa S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: H21000423260
Letter Number: 121A00027885

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: FM MINI MART CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address1131 N Federal Highway
Fort Lauderdale, FL 33304

Mailing address, if different is:

1429 Capri Lane Apt 5108
Weston, FL 33326**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Frank Chtara - President

Name and Title: _____

Address 1429 Capri Lane Apt 5108
Weston, FL 33326

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Frank ChtaraAddress: 1131 N Federal HighwayFort Lauderdale, FL 33304**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Frank ChtaraAddress: 1131 N Federal HighwayFort Lauderdale, FL 33304**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*FRANK CHTARA
Required Signature/Registered Agent11/16/2021
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.*FRANK CHTARA
Required Signature/Incorporator11/16/2021
Date

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