

P22 000032927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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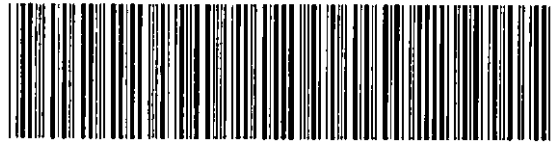
(Business Entity Name)

(Document Number)

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

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22 MAY -4 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2022 MAY -4 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: 3A Family, 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: Brett Isaac  
Name (Printed or typed)  
2151 University Blvd S  
Address  
Jacksonville, FL 32216  
City, State & Zip  
904-742-2388  
Daytime Telephone number  
Brett@Isaac  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

22 MAY - 4 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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**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: 3A Family, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10675 Atlantic Blvd.  
Jacksonville, FL 32225

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Convenience store

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Tigist Kidane - President</u>	Name and Title:	_____
Address	<u>10675 Atlantic Blvd.</u> <u>Jacksonville, FL</u> <u>32225</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

**FILED**  
22 MAY - 6 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Tigist Kidane Tigist  
Address: 10675 Atlantic Blvd.  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett Isaac  
Address: 2151 University Blvd.  
Jacksonville, FL 32216

**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*

P. Tigist Kidane  
Required Signature/Registered Agent

05/03/2022  
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.*

Brett Isaac  
Required Signature/Incorporator

5/3/2022  
Date

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22 MAY - 4 AM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399