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(Req	questor's Name)
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(Add	dress)
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(City.	/State/Zip/Phone #)
PICK-UP	☐ WAIT MAIL
(Bus	iness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer.
mail	
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2022 HAY 12 PH 3: 04 SECRETARY OF STATE

COVER LETTER

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

٠,	SUBJECT:	Speedway	Food Store-	5, Inc.
		(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
	\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
			ADDITIONAL CO	DPY REQUIRED
*****	FROM:	Brett Isaa Name	el	
		Name	(Printed or typed)	
		2151 Univers	ity Blud 5	· · · · · · · · · · · · · · · · · · ·
		,	\ddr g ss	
		Jacksonuill City,	e, FL 32216 State & Zip	<u> </u>
		904-7 Daytime T	42-2388 elephone number	
		Brette I	suctaxcpA.c	om
		E-mail address: (to be used	for future annual report n	iotification)

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)

The name of the corporat	tion chall has	Speck	lway		Cfox	-5	TW/
			cway_	1000/	7101	<u>- 71</u>	<u></u> ,,,,,,,,,,
ARTICLE II PRINC	Principal <u>street</u> address			Mailing	address, if o	different is	::
_8019 W.	Bewer st			··	·		
Jucksonville,	FL 32220	_ _					
ARTICLE III PURPO The purpose for which the	<u>2SE</u> he corporation is organized is:			-			
						<u></u>	22
				·		ZES	2022 MAY
			······································			<u> </u>	
				 		A 70	12 P
			 ·			SHOW	<u> </u>
						7	ယ္ (—
ARTICLE IV SIJARI						Ţ.	•
ARTICLE V JNITIA Name and Title	LOFFICERS AND/OR DIRECT	ctors dan-f	resident Name and Titl	e:			
Address	8952 Blame	meadow	5 OC. Address:				
	Jacksonville, F	L 32257	•				
Name and Title:			Name and Titl	c:			
Address			Address:				
Name and Title:			Name and Titl	e:		<u>_</u> _	
Address	······						

	Name and Ti	tle:	Name and Title:	
	Address		Address:	
				
		-		
	ARTICLE VI REC	GISTERED AGENT In street address (P.O. Box NOT acceptable)	of the registered agent is:	
	Name:	Antoun Zaidan	_	
	Address: _	8952 Blume Meadow	<u>s</u> Dr.	
		Jacksonville, FL	_	20 ;
	ARTICLE VII INC	<u>ORPORATOR</u>		Z HAY
	The name and addre	ss of the Incorporator is:		£30 50
	Name:	Breft Isaal 2151 University B Jacksonville, FL		Y OF
	Address:	2151 University B	stud s	T3:04 E.FL
		Jacksonville, FL3	32216	₽ 9
	(If an effective date	FECTIVE DATE: r than the date of filing: is listed, the date must be specific and can		er or 90 days after the
	filing.)			
	Note: If the date inset the document's effect	rted in this block does not meet the applicab- ive date on the Department of State's records	le statutory filing requirements, t s.	his date will not be listed as
	Having been named a certificate, I am famil	is registered agent to accept service of process iar with and accept the appointment as regist	for the above stated corporation ered agent and agree to act in thi	at the place designated in this
	8			5/12/222
1		Required Signature/Registered Agent		Date
,	I submit this docume document to the Dep	hi and affirm that the facts stated herein ar	re true. I am aware that the falso my as provided for in s.817.155, I	e information submitted in a F.S.
	Nul	t. Sh		5/12/2012
	Required highature/I	ocorporator	Date	
	/	/		