

P2200054036

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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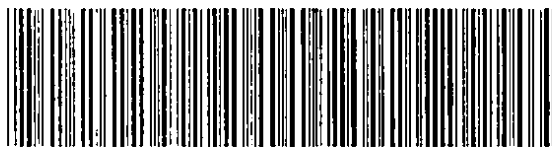
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ALLAHASSEE, FLOR

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2022 JUL -7 AM 12:00

CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Lydia Food Mart 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: Merry Gebrekidan Asgedom

Name (Printed or typed)

12481 Weeping Branch Cir

Address

Jacksonville, FL 32218

City, State & Zip

904-654-1533

Daytime Telephone number

merryasgedom10@gmail.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 NAMEThe name of the corporation shall be: Lydia Food Mart Inc**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

12481 Weeping Branch Cir
Jacksonville, FL 32218**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Food Market**ARTICLE IV SHARES**The number of shares of stock is: 1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Merry Gebrekidan Asgedom - President

Name and Title: _____

Address 12481 Weeping Branch Cir
Jacksonville, FL 32218

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
2022 JUL -7 AM 12:00
CLERK OF CIRCUIT COURT
DIVISION OF CORPORATIONS
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: Merry Gebrekidan Asgedom

Address: 12481 Weeping Branch Cir

Jacksonville, FL 32218

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Merry Gebrekidan Asgedom

Address: 12481 Weeping Branch Cir

Jacksonville, FL 32218

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



DocuSigned by:
3356659359CE4B3

Required Signature/Registered Agent

07/07/2022

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.



DocuSigned by:
3356659359CE4B3

Required Signature/Incorporator

07/07/2022

Date