

P23000012590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

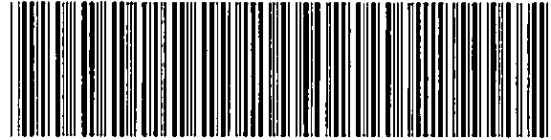
(Document Number)

Lined Copies _____

Certificates of Status _____

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FEB 17 2023

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SECRETARY OF STATE
TALLAHASSEE, FL

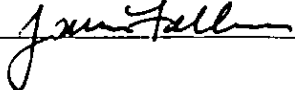
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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160 AMOUNT: \$ 70.00

AUTHORIZATION SIGNATURE: 

Galaxy Farm Market Inc.

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time ☐

☐ Mail out

☐ Will wait ☐ Photocopy

☐ Certified Copy of the Articles of Organization

☐ Certificate of Status

NEW FILINGS

AMMENDMENTS

☐ Profit

☐ Amendment

☐ Not for Profit

☐ Designation of R.A. Officer/Director

☐ Limited Liability

☐ Change of Registered Agent

☐ Domestication

☐ Revocation of Dissolution

☐ Other

☐ Merger

☒ **X** **CORP**

☐ **Conversion**

☐ **PLLC**

☐ **Amended and restated Articles**

☐ **Statement of Authority**

OTHER FILINGS

REGISTRATION/QUALIFICATIONS

☐ Annual Report

☐ Foreign filing

☐ Fictitious Name

☐ Limited Partnership

☐ Reinstatement

☐ APOSTILLE() ☐
Country

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$ 70.00

AUTHORIZATION SIGNATURE: _____

Janet

Galaxy Farm Market Inc.

Business Name

Document Number, (if known):

___ Walk in

___ Pick up time ___

___ Mail out

___ Will wait ___ Photocopy

___ **Certified Copy of the Articles of Organization**

___ **Certificate of Status**

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___ APOSTILLE() ___

___ Other

Country

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: GALAXY FARM MARKET 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: MOHAMMED JASIM
Name (Printed or typed)

6553 54TH AVE N
Address

ST PETERSBURG , FL 33709
City, State & Zip

727-315-2585
Daytime Telephone number

mohammedjadin196@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 NAME

The name of the corporation shall be: GALAXY FARM MARKET INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6553 54TH AVE N

6553 54TH AVE N

ST PETERSBURG , FL 33709

ST PETERSBURG , FL 33709

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMMED JASIM, PRESIDENT

Name and Title: _____

Address 6553 54TH AVE N

Address: _____

ST PETERSBURG , FL 33709

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: MOHAMMED JASIM
Address: 6553 54TH AVE N
ST PETERSBURG , FL 33709

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MOHAMMED JASIM
Address: 6553 54TH AVE N
ST PETERSBURG , FL 33709

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/17/2023 (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.

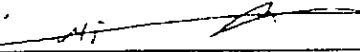
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

02/17/2023

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.


Required Signature/Incorporator

02/17/2023

Date

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TALLAHASSEE, FL