P230000399aa

(Red	questor's Name)	
(Add	dress)	
,	,	
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(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only

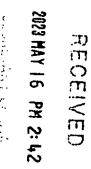


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S. CHATHAM

MAY _ 1 2023









May 17, 2023

CAPITAL CONNECTION, INC.

SUBJECT: 1955 LAKE BRADFORD GAS AND FOOD MART INC

Ref. Number: W23000070995

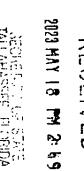
We have received your document for 1955 LAKE BRADFORD GAS AND FOOD MART INC. However, the document has not been filed and is being returned for the following:

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham Regulatory Specialist III Director's Office

Letter Number: 323A00011227



CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1922 LAKE BRADFO	ORD GAS AND FOC	DD MART INC
		Į.
Please Debit I2000000	00257 For: 70	
Thank you Seth Neele	٧	
1-4-7	<u>, </u>	
Help		Art of Inc. File
		UTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Arr. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
/ .		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
Signature //		Vehicle Search
		Driving Record
Requested by: SETH	05/17	UCC 1 or 3 File
		UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In GA BICC	Will Pick Up	Courier

COVER LETTER

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

SUBJECT: 192.	2 Lake Bradford Gas And rood Mart		
	(PROPOSED CORPO	RATE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the	articles of incorporation and	l a check for:
□ \$70.00 Filing Fe	0 🗆 \$78.75	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ED OM:	Muhammad Samad		
rkowi:	Na 1922 Lake Bradford Road	ume (Printed or typed)	
		Address	
	Tallahassee fl 32310		
	C	ty, State & Zip	<u> </u>
	929-425-5465		
	Daytim	e Telephone number	
	naz.borachi.fl@gmail.com		Finding
	E-mail address: (to be u	ised for future annual report	nouncation)

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)

CLEIV SHARES	Tallahassee fl 32310	
TICLE IV SHARES	2023 Fee 7	
TICLE IV SHARES	20231;;;;; S	
TICLE IV SHARES number of shares of steads in 100	20231;47 5	
TICLE IV SHARES number of charge of stock in 100	20231;47 5	
TICLE IV SHARES	2023 I 44 Y	
TICLE IV SHARES c number of shares of stock is:	2023 IAA 7	
TICLE IV SHARES	2023 ISC /	<u> </u>
TICLE IV SHARES		
Name and Title: President: Muhammad Samad	13 13 14 11 12 13 14 11 12 13 14 14 14 15 15 15 15 15	
Address 1922 Lake Bradford Road		
Tallahassee Fl 32310		
Name and Title:	_ Name and Title:	
Address		
Name and Title:	Name and Title:	
Address		

Name a	and Title:	Name and Title:
Addres		Address:
		
	REGISTERED AGENT Gorida street address (P.O. Box NOT accept	ntable) of the registered agent is:
Name:	Muhammad samad	nable) of the registered agent is.
Address:	1922 Lake Bradford Road	
. 1.3.3.	Tallahassee Fl 32310	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Muhammad Samad	
Address:	1922 Lake Bradford Road	2023 HAY
	Tallahassee FI 32310	· 'Y
		·
	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective of	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days aft
filing.)		
Note: If the date the document's e	e inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements, this date will not ecords.
TF		
certificate, I am	ned as registered agent to accept service of p famil iar w ith and accept the appointment as	rocess for the above stated corporation at the place desig registered agent and agree to act in this capacity
A	m M	ns. 18.
	Required Signature/Registered Ag	ent Date
I submit this doc	cument and affirm that the facts stated her	ein are true. I am aware that the false information su
document to the	Department of State constitutes a third degri	
JAM /		05.18
redanca 218 036	ne/Incorporator	Date