

P23000084898

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : AT PLUS CORP
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
54 ST GROCERIES INC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

2023 DEC 11 AM 9:36
2023 DEC 11 PM 4:49
RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FL

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: 54 ST GROCERIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1080 NW 54TH ST
Miami FL 33127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And ALL LAWFUL Business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULINO CHRISTIAN (P) Name and Title: _____

Address 1080 NW 54TH ST Address: _____
Miami FL 33127

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: PAULINO CHRISTIAN (P)
 Address: 1080 NW 54 Th St
Miami FL 33127

ARTICLE VII INCORPORATOR

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

Name: PAULINO CHRISTIAN (P)
 Address: 1080 NW 54 Th St
Miami FL 33127

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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:

PAULINO CHRISTIAN 12/08/2023
 Required Signature/Registered Agent 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.

PAULINO CHRISTIAN 12/08/2023
 Required Signature/Incorporator Date

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AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared **CHRISTIAN PAULINO**, who after being firstly duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of **54 ST GROCERIES INC**, a Florida corporation to be filed with the Florida Department of State on or about **December 8, 2023**.
2. The undersigned hereby consents to and authorizes the use by **54 ST GROCERIES INC**, of the name **54 ST GROCERIES INC**
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

CHRISTIAN PAULINO
CHRISTIAN PAULINO

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **CHRISTIAN PAULINO**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this **08** day of December **2023**.

DAIANA AMADOR
Notary Public Signature

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024