

P24000017955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

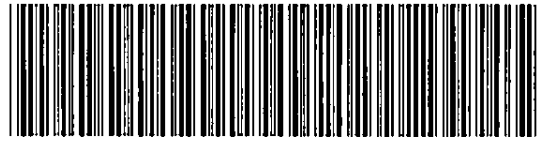
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Certified Copies _____

Certificates of Status _____

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FILED
2024 MAR 12 PM 8:29
TALLAHASSEE, FLORIDA

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2024 MAR 12 PM 4:42
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$70.00

Authorization Signature: 

BUSINESS NAME

DOCUMENT #

Sams Discount Food Mart 2 Inc.

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☒ **X** **CORP**

☐ Other

☐ Other

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

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☐ Other

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FILED
2024 MAR 12 PM 8:29
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Sams Discount Food Mart 2 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Brett Isaac
Name (Printed or typed)

2151 University Blvd S
Address

Jacksonville, FL 32216
City, State & Zip

904-730-9264
Daytime Telephone number

Brett@isaactaxcpa.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2024-10-12 Fri 0:23

10

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: Sams Discount Food Mart 2 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>160 N Arlington Rd</u> <u>Jacksonville, FL 32211</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate a convenience Store.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Samer Dahi President</u> Address: <u>160 N Arlington Rd</u> <u>Jacksonville, FL 32211</u>	Name and Title: _____ Address: _____ _____
--	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
--	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
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FILED
2014 MAR 12 PM 3:20
CLERK OF DISTRICT COURT
JACKSONVILLE, 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: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brett Isaac
Address: 2151 University Blvd S
Jacksonville, FL 32216

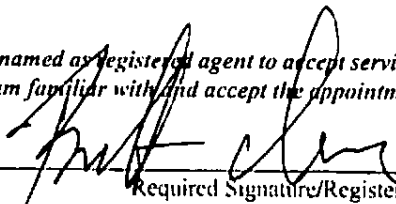
ARTICLE VIII EFFECTIVE DATE:

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.)

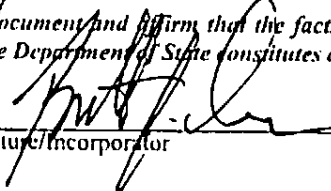
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

3/12/24
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

3/12/24
Date

FILED
2024 MAR 12 11:08:09
JACKSONVILLE, FL
DEPARTMENT OF STATE