

P24000027344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

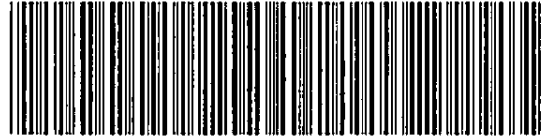
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FL

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** BROOK 4/19

**XX CERTIFIED COPY** \_\_\_\_\_

**PHOTOCOPY** \_\_\_\_\_

**GS** \_\_\_\_\_

**XX FILING** INC \_\_\_\_\_

**1. NACIONAL SUPERMARKET AG INC** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**2.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**3.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**4.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**5.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**6.** \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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: Nacional Supermarket AG Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4545 N Pine Island Rd

Sunrise, FL 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Supermarket

**ARTICLE IV SHARES**

The number of shares of stock is: 1500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Aris Gomez -President

Address: 936 NW 118th Lane  
Coral Springs, FL 33071

Name and Title: Aris Gomez -Director

Address: 936 NW 118th Lane  
Coral Springs, FL 33071

Name and Title: Aris Gomez -Secretary

Address: 936 NW 118th Lane  
Coral Springs, FL 33071

Name and Title:

Address:

Name and Title: Aris Gomez -Treasurer

Address: 936 NW 118th Lane  
Coral Springs, FL 33071

Name and Title:

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: Registered Agents Inc.  
Address: 7901 4th St N Ste 300  
St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Amanda J. Beren  
Address: 31416 Agoura Rd Ste. 118  
Westlake Village, CA 91361

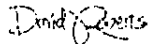
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

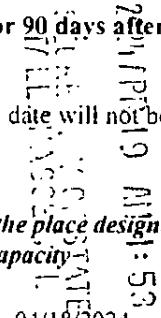
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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

  
04/18/2024

\_\_\_\_\_  
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

04/18/2024

\_\_\_\_\_  
Date