

4/9/24, 2:52 PM

Division of Corporations

SECOND REQUEST

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

From: Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : I20220000138
Phone : (786)239-9353
Fax Number : (305)675-8465

SECRETARY OF STATE
FLORIDA
7:01 APR 22 PM '24

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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: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
AMIRAH FOOD STORE INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

APR 22 PM '24
10

T.J.H
4/23/24

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: AMIRAH FOOD STORE 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: MOHAMED IBZIE IBZIE
 Name (Printed or typed)

305 SW 12 AVE
 Address

MIAMI, FL 33130
 City, State & Zip

786-828-0626
 Daytime Telephone number

AIMET@EXPRESSTAXSVCS.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: AMIRAH FOOD STORE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

305 SW 12 AVE

305 SW 12 AVE

MIAMI, FL 33130

MIAMI, FL 33130

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMED IBZIE IBZIE - PD

Name and Title:

Address: 305 SW 12 AVE

Address:

MIAMI, FL 33130

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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FLORIDA

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: MOHAMED IBZIE IBZIE
 Address: 305 SW 12 AVE
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: MOHAMED IBZIE IBZIE
 Address: 305 SW 12 AVE
MIAMI, FL 33130

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 FLORIDA

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

MOHAMED IBZIE IBZIE 04/09/2024
 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.

MOHAMED IBZIE IBZIE 04/09/2024
 Required Signature/Incorporator Date