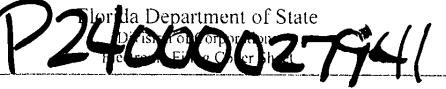
4/9/24, 2:52 PM

Division of Corporations

SECOND REQUEST



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240001299263)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

**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 |

Electronic Filing Menu Corporate Filing Menu

Help



To:

COVER LETTER

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

| SUBJECT: _ | AMIRAH FO | | INC tename- <u>mustincl</u> | ÜDE SUFFIX) |
|------------------|----------------------|---------------------|------------------------------------------------------|---------------------------------------------------------------------------|
| Enclosed are a | n original and one (| (1) copy of the art | icles of incorporation and | l a check for: |
| □ \$70 Filing | Fee Filing Fee | ate of Status | ☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | X \$87.50 Filing Fee. Certified Copy & Certificate of Status PY 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.

To:

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAME The name of the corporat | tion shall be: AMIRAH F | OOD STORE INC | |
|-----------------------------------------|---------------------------------|-----------------------------|----------------------------------------|
| <u>ARTICLE II PRINC</u> | | Mailing address, if differe | nt is: |
| 305 SW 12 AVE | | 305 SW 12 AVE | |
| MIAMI, FL 33130 | | MIAMI, FL 33130 | |
| | he corporation is organized is: | LAWFULL PURPOSES | ······································ |
| | | | |
| | | | |
| | | | F. 11. |
| | <u></u> | i i | 2.2. |
| The number of shares of | stock is: | | |
| ARTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | ign |
| Name and Title | : MOHAMED IBZIE IBZIE - PD | Name and Title: | |
| Address | DOE CIAL AD ANCE | Address: | |
| | MIAMI, FL 33130 | | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | ***** |
| | | <u> </u> | |
| | | | |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | · |
| | | | |

| Name and | l Title: | Name and Title: | |
|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|
| Address | | Address: | |
| | REGISTERED AGENT orlda street address (P.O. Box NOT age MOHAMED IBZIE IBZIE 305 SW 12 AVE MIAMI, FL 33130 | eptable) of the registered agent is: | |
| ARTICLE VII | <u>NCORPORATOR</u> | 7. · · · · · · · · · · · · · · · · · · · | |
| The <u>name and add</u> Name: | dress of the Incorporator is: MOHAMED IBZIE IBZIE | SECRETAIN | |
| Address: | 305 SW 12 AVE | | 1 |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MIAMI, FL 33130 | F STATE .FLORIDA | |
| ARTICLE VIII | EFFECTIVE DATE: other than the date of filing: | 5. 1 1 A | |
| (If an effective da filing.) | oner man the date or ming: tte is listed, the date must be specific a | end cannot be more than five days prior or 90 days after the | |
| | inserted in this block does not meet the dective date on the Department of State | applicable statutory filing requirements, this date will not be liste s records. | rd as |
| | | f process for the above stated corporation at the place designated i as registered agent and agree to act in this capacity | in this |
| | MOHAMED IBZIE II | 3ZIE 04/09/2024 | |
| Required Signature/Registered Agent | | Agent Date | |
| | | verein are true. I am aware that the false information submitted gree felony as provided for in s.817.155, F.S. | d in a |
| MOH | AMED IBZIE IBZIE | 04/09/2024 | |
| Required Signatur | c/Incorporator | Date | |

2024-04-22 20:17:04 GMT

13056758465

From: Aimet Arenas

To:

Page: 5 of 5