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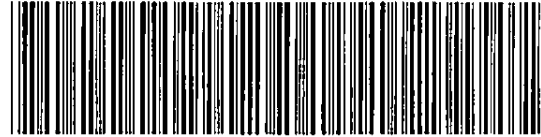
(Business Entity Name)

(Document Number)

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DATE: 05/03/2024

NAME: SUPER SALVADORENA FOOD MART INC

TYPE OF FILING: ARTICLES

COST: 70.00

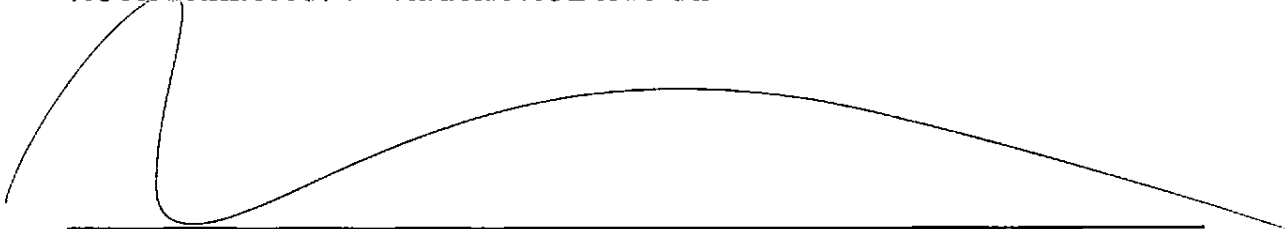
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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

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

SUBJECT: SUPER SALVADORENA FOOD MART INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input checked="" type="checkbox"/> \$70.00	<input type="checkbox"/> \$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: LEIDI OSORIO-PORTILLO
Name (Printed or typed)
2164 SANTA BARBARA BLVD
Address
NAPLES, FLORIDA 34116
City, State & Zip
(239)240-0824
Daytime Telephone number
gloria.rodriguez143@yahoo.com
E-mail address: (to be used for future annual report notification)

STATE
FLORIDA

2024 MAY -2 AM 9:47

11-11-61

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: SUPER SALVADORENA FOOD MART INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2164 SANTA BARBARA BLVD
NAPLES, FLORIDA 34116

Mailing address, if different is:

2164 SANTA BARBARA BLVD
NAPLES, FLORIDA 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RETAIL FOOD STORE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEIDI OSORIO-PORTILLO, PRESIDENT

Address 5218 44TH ST NE
NAPLES, FL 34120

Name and Title: GLENDY A. PORTILLO, VICE PRESIDENT

Address: 195 LEAWOOD CIRCLE
NAPLES, FL 34120

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Address: _____

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STATE
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: LEIDI OSORIO-PORTILLO

Address: 2164 SANTA BARBARA BLVD

NAPLES, FLORIDA 34116

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEIDI OSORIO-PORTILLO

Address: 2164 SANTA BARBARA BLVD

NAPLES, FLORIDA 34116

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/02/2024 (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

05/02/2024

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

05/02/2024
Date

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TALLAHASSEE, FL
DEPARTMENT OF STATE