7/25/24, 11:16 AM Division of Corporations

Florida Department of State

Division of Corporations

P24000048931

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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : EXPRESS BUSINESS & TAX SERVICES INC
Account Number : 120220000138
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

FILED
2024 JUL 25 PM 1:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

RECEIVED
2024 JUL 25 AM 11:21
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
REDISCOVER FOOD INC

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

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: REDISCOVER FOOD 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: MD SOHEL RANA
Name (Printed or typed)

1202 AVENUE D
Address

FORT PIERCE, FL 34950
City, State & Zip

786-394-0116
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.

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporationshall be: REDISCOVER FOOD INC

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1202 AVENUE D
FORT PIERCE, FL 34950

Mailingaddress, if different is:

1202 AVENUE D
FORT PIERCE, FL 34950

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MD SOHEL RANA - PD

Address: 1202 AVENUE D
FORT PIERCE, FL 34950

Name and Title: MOHAMMAD A. SAYEM - VP

Address: 1202 AVENUE D
FORT PIERCE, FL 34950

Name and Title: EIAMIN RAHMAN - TREAS.

Address: 1202 AVENUE D
FORT PIERCE, FL 34950

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: MD SOHEL RANA

Address: 1202 AVENUE D

FORT PIERCE, FL 34950

ARTICLE VII INCORPORATOR

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

Name: MD SOHEL RANA

Address: 1202 AVENUE D

FORT PIERCE, FL 34950

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

MD Sohel Rana — 07/25/2024

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.

MD Sohel Rana — 07/25/2024

Required Signature/Incorporator — Date