## P24000055160

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

M and E Mart 2, Inc.		' 	
Please Debit FCA00000	0003 For: 🛰 70.00		
Thank you Seth Neeley		Art of Inc. File  LTD Partnership File  Foreign Corp. File  L.C. File  Fictitious Name File  Trade/Service Mark  Merger File  Art. of Amend. File  RA Resignation  Dissolution / Withdrawal	
Signature Requested by:	·	Annual Report / Reinstatement  Cert. Copy Photo Copy Certificate of Good Standing Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search Fictitious Owner Search Vehicle Search UCC 1 or 3 File	
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## **COVER LETTER**

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

SUBJECT: Mand	E Mart 2 Inc.				
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (I) copy of the ar	ticles of incorporation and	d a check for:		
<b>■ \$7</b> 0.00 Filing Fee	☐ S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	& Certificate Status		
		ADDITIONAL CO	PPY REQUIRE		
FROM: .	ohamed Fiham Mohamed Bishry Nam	e (Printed or typed)			
12	1240 8th Ave, W.				
	Address				
Pal	metto, FL 34221				
<del></del>	City, State & Zip				
860	)-513-8443				
	Daytime	l'elephone number	· · · · · · · · · · · · · · · · · · ·		
Naz	.borachi.fl@gmail.com				
	E-mail address: (to be use	d for future annual report r	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)

<u>LE II PRI</u>	NCIPAL OFFICE Principal street address	Mailing ad	drace if different is:
8th Ave. W.	• -	same	dress, if different is:
etto, FL 34221			
CLE III PUR irpose for which			
			ZOZ4 AUG
	•		
<u> </u>			SSE
CLEIV SHA	- A		fATE
mber of shares	of stock is:		AN 9: 4.7 STATE SSEE, FL
CLE V INT	of stock is: 100  TIAL OFFICERS AND/OR DIRECTO	RS	
mber of shares	of stock is:	RS y, Pres. Name and Title:	
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Name and	d Title:	Name and Title:		
Address		Address:		
The name and K	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	Mohamed Fiham Mohamed Bishry			
Address:	1240 8th Ave. W			
	Palmetto, FL 34221		702	
				. "
ARTICLE VII	<u>INCORPORATOR</u>		<b>2024 AUG 27</b> Hallahas	
The name and a	ddress of the Incorporator is:		SOT.	
Name:	Mohamed Fiham Mohamed Bishry		AM S	M
Address:	1240 8th Ave. W.		AM 9: 47 SEE, FL	
	Palmetto, Fl. 34221		ल 🖼	
ARTICLEVIU	EFFECTIVE DATE:			
Effective date, i	FFFECTIVE DATE:  f other than the date of filing:	(OPTIONAL)		
(If an effective filing.)	date is listed, the date must be specific and cal	nnot be more than five days prior	r or 90 days after the	
Note: If the date the document's	te inserted in this block does not meet the applicate effective date on the Department of State's recor	ble statutory filing requirements, the ds.	nis date will not be listed a	ıs
Having been na certificate, I am	med as registered agent to accept service of proce familiar with and accept the appointment as regi	ss for the above stated corporation t stered agent and agree to act in this	s capacity	
MoHam.	FO HHMM MoH HMED S Required Signature/Registered Agent	ISHPLY_	08.26- Date	202cg
	Required Signature/Registered Agent		Date	
I submit this docu document to the D	ment and affirm that the facts stated herein a epartment of State constitutes a third degree fel	re true. I am aware that the falsony as provided for in s.817.155,	se information submitted F.S.	in a
monama	o FILAM MUHAMAN /	815HRy		
Required Signature	Toffam MUHAMAD /-	Date	ა <del></del>	