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TOTAL OCT 15 PH 3:

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa h

TALLAHASSEE, FL 32	309	(850)) 524-6243 Ric
Please use funds Authorization Sign	_	<u>st:</u> 120210000160: \$70.00	
Business Name: Document #Certified CopyCertificate of St NEW FILINGS		Γ INC <u>AMENDMENTS</u>	
Profit CorpNot for ProfitLimited LiabilityDomesticationLLLP _XCorpIncOther	u .	AmendmentResignation / DissociationChange of Registered AgentDissolution for LLCMergerArticles of ConversionAmended & Restated Articles ofStatement of Correction	Incorporation
APOSTILLE(s)Apostille(s)Country(s)	&	OTHER FILINGS Foreign Filing LLCReinstatementQualificationFictitious NameAnnual Report	

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR
TALLAHASSEF, FL 32309

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

TALLAHASSEE, FL 32	2309	(850) 524-6243 F	≀icł
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COVER LETTER

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

SUBJECT:	Eldu Ma r⊪i nc		
	PROPOSED CORPORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	i a check for:
⊠ \$70.00 Filing Fee	□ \$75.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	Erett isaac Name	(Printed or typed)	
	2151 University blvd S	(c vc ev .) (p e e)	
	A	ddress	
	.acksonville, FL 32216		
	City, S	State & Zip	
	Daytime Te	lephone number	
	Brett@isaactaxcpa	.com	
	E-mail address: (to be used	for future annual report r	notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I N	<u>'AME</u>	Eldu Mart Inc.			
The name of the co	orporation shall be:	Cida Mart IIIC.			
<u>ARTICLE II I</u>	PRINCIPAL OFFIC				
1125 Cesery	Princip a <u>street</u> Blvd N	t address		Mailing address, if different is:	
					
Jacksonville.	FL 32211				
					
ARTICLE III P The purpose for w	thich the corperation	is organized is:	To operate a ethnic for	nod store.	6
	•	-		-	79
			-	<u> </u>	
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					•
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		-			
ARTICLE IV S	HARES	1000			
The number of sha	res of stock is:	1000	"		
ARTICLE V 1	<u>NITIAL OFFICERS</u>	AND/OR DIRECT	<u>ORS</u>		
Name an	d Title		Name and Title	Yergalem Adhanom	<u>Presid</u> ent
Address			Address:	1125 Cesery Blvd N	
Address	_		Address.		
	-			Jacksonville, FL 3	00011
Name and	Title:		Name and Title	0:	
Address					
Addiess			Address:		
					
	-				<u> </u>
Name and	Title:		Name and Title	2:	
Address			Address:		
			1123		
		_ · · ·			

Address: Address: Address: Address: Brett Isaac Address: 2151 University Blvd S Jacksonv Re, FL 32216 ARTICLE VII INCORPORATOR The name and address of the Inciporator is: Name: Breet Isaac Address: 2151 University Blvd S Jacksonville, FL 32216 ARTICLE VIII INCORPORATOR The name and address of the Inciporator is: Name: Breet Isaac Address: 2151 University Blvd Jacksonville, FL 32216 ARTICLE VIII EFFECTIVE ATE: Effective date, if other than the case of filing: (If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days filing.) Note: If the date inserted in this clock does not meet the applicable statutory filing requirements, this date will the document's effective date on the Department of State's records. Having been named as registered agent to peccept service of process for the above stated corporation at the place of certificate, I am familiar with and accept the applications are registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information document to the Department of State copylitutes a third degree felony as provided for in s.817.155, F.S.	Name a	nd Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Brett Isaac Address: 2151 University Blvd S Jacksonvæe, FL 32216 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Brett Isaac Address: 2151 University Blvd Jacksonville, FL 32216 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the care 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 filing.) Note: If the date inserted in this clock does not meet the applicable statutory filing requirements, this date will the document's effective date on the Department of State's records. Having been named as registered agent to accept privice of process for the above stated corporation at the place of certificate, I am familiar with and accept the applicable statutory filing requirements, this capacity Required Signature/Registered Agent I submit this document and affice that Applicated herein are true. I am aware that the false information	Addres	s	Address:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Brett Isaac Address: 2151 University Blvd S Jacksonvale, FL 32216 ARTICLE VII INCORPORATOR The name and address of the Inc. apprator is: Name: Breet Isaac Address: 2151 University Blvd Jacksonville, FL 32216 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the care 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 filing.) Note: If the date inserted in this clock does not meet the applicable statutory filing requirements, this date will the document's effective date on the Department of State's records. Having been named as registered agent to accept privice of process for the above stated corporation at the place a certificate. I am familiar with an accept the application are true. I am aware that the false information I submit this document and affirm that the false information I submit this document and affirm that the false stated herein are true. I am aware that the false information			
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Jacksonv te, FL 32216 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Breef Isaac Address: 2151 Univeristy Blvd Jacksonville, FL 32216 ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the cree 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 filing.) Note: If the date inserted in this clock does not meet the applicable statutory filing requirements, this date will the document's effective date on the Department of State's records. Having been named as registered agent to accept the application of process for the above stated corporation at the place a certificate, I am familiar with and accept the application as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information	Name:	Brett Isaac	
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ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the cree of filing:	Name:	Bredisaac	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the case of filing:	Address:	2151 Univeristy Blvd	
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10/11	I submit this do	cument and affi that the facts stated herein	are true. I am aware that the false information subm