

## Florida Department of State

Division of Corporations

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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

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**MOTHER FOOD MART INC**

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

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**COVER LETTER**

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

**SUBJECT:** MOTHER 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:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MOTHER FOOD MART INC

Name (Printed or typed)

5201 HARRISON ST

Address

HOLLYWOOD, FL 33021

City, State & Zip

305-206-0259

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.

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: MOTHER FOOD MART INC

ARTICLE II PRINCIPAL OFFICE

Principal address  
5201 HARRISON ST  
HOLLYWOOD, FL 33021

Mailing address, if different is:  
5201 HARRISON ST  
HOLLYWOOD, FL 33021

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: MOHAMMED BABAR -PRESIDENT Name and Title:

Address: 5201 HARRISON ST Address:  
HOLLYWOOD, FL 33021

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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STATE  
OF 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: MOHAMMED BABARAddress: 5201 HARRISON STHOLLYWOOD, FL 33021**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:Name: MOHAMMED BABARAddress: 5201 HARRISON STHOLLYWOOD, FL 330212024 NOV 20 PM 3:07  
STATE  
FL**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*Mohammed Babar

Required Signature/Registered Agent

11/20/2024

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.*Mohammed Babar

Required Signature/Incorporator

11/20/2024

Date