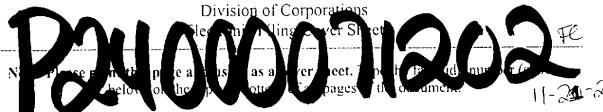
Florida Department of State



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Division of Corporations

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From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone : (786)239-9353 : (305)675-8465 Fax Number

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
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COVER LETTER

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

eunicar. M	OTHER FOOD MART INC		
SUBJECT:	(PROPOSED CORPOR.	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	i a check for:
□ \$70.0 Filing F	00 □ \$78.75 ee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM	MOTHER FOOD MART INC	ne (Printed or typed)	
	5201 HARRISON ST	Address	
	HOLLYWOOD, FL 33021	Address	
		. State & Zip	
	305-206-0259 Daytime	Telephone number	
	AIMET@EXPRESSTAXSVCS.C	OM ed for future annual report r	out Continue
	n-man address: (10 be use	za ioi ruture annuai report r	юнисанопу

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

ARTICLES OF INCORPORATION

13056758465

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

ARTICLE 1 NAME The name of the corporat	ion shall be: MOTHER FOOD MAR	FINC	
ARTICLE II PRINCIPAL OFFICE Principal <u>street</u> address 5201 HARRISON ST HOLLYWOOD, FL 33021			
ARTICLE III PURPO The purpose for which the	<u>PSE</u> ne corporation is organized is: <u>ALL LAW</u>	FUL PURPOSES	
			2024, i.OV
ARTICLE IV SHARE The number of shares of	<u>ES</u> stock is: 1,000		DV 70 PM 3: 07
	L OFFICERS AND/OR DIRECTORS		
Name and Title	MOHAMMED BABAR -PRESIDENT 5201 HARRISON ST		
	HOLLYWOOD, FL 33021		
Name and Title:	 	Name and Title:	
Addiess		Address:	
Name and Title:		Name and Title.	
Address		_ Address:	

Name ai	nd Title:	Name and Title:	
Addres	s	Address:	
	REGISTERED AGENT [lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	MOHAMMED BABAR		
Address:	5201 HARRISON ST		
	HOLLYWOOD, FL 33021	_	
<u>ARTICLE VII</u>	INCORPORATOR	ZOWNOW ZO PH 3: 07	
The name and a	ddress of the Incorporator is:	Z V V	* : ***
Name:	MOHAMMED BABAR	, <u> </u>	· []
Address:	5201 HARRISON ST	. ± ± . }	
	HOLLYWOOD, FL 33021	FATE	
Effective date, if (If an effective of filling.) Note: If the date		not be more than five days prior or 90 days after le statutory filing requirements, this date will not be	
	ned as registered agent to accept service of process j familiar with and accept the appointment as registe	for the above stated corporation at the place designa cred agent and agree to act in this capacity	ited in this
	Mohammed Babar	11/20/2024	
	Required Signature/Registered Agent	Date	
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	e true. I am aware that the false information subm ny as provided for in s.817.155, F.S.	nitted in a
	Mohammed Babar	11/20/2024	
Required Signati	ure/Incorporator	Date	

2024-11-20 20:14:24 GMT

13056758465

From: Aimet Arenes

To:

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