## 

(Requestor's Name)
(Address)
( Marie Control
(Address)
(City/State/Zip/Phone #)
(Co.) Co. Co.
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-54372 (850) 524-6243

Samontee Food Mart Inc P2	120210000160: \$70.00 1000062299 Document
Walk in	Will wait
Certified Copies of the Artic	eles of Incorporation
NEW FILINGS	AMENDMENTS 3
Profit Not for Profit LLC Domestication X INC CORP OTHER	Amendment  Resignation of R.A.  Change of Registered Agent  Dissolution/Withdrawal  Conversion  Statement of Authority  Merger  Amended and Restated Articles
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual Report	Foreign Filing Partnership
Fictitious Name Statement of Authority	ReinstatementStatement of CORRECTION
APOSTILCOUNTRY	Domestication of a Foreign CorpOther
EXAMINER'S INITIALS:	

## Release and Permission to Use Name

(Date)	
To: Florida Department of State Division of Corporations	
Re: Release and permission to use name	
Entity's name: Samontee Food Mart Inc	
Florida Doc. Number: P21000062299	
The date the document was filed with the Division of Corporations: 07/06/2021	-
I give my permission to release the name: Samontee Food Mart Inc	7001.5-2
to make it available to the Division of Corporations for use by others. I will not	
revocate this release of name.	
Sincerely,	-1
Signed name:	
Printed Name: Hanna Dahi Title: President	
Notary Public State of Florida Brett Isaac My Commission HH 174028 Exp. 9/9/2025	

## **COVER LETTER**

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

SUBJECT:	Samontee Food Mart Inc			
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
	□ \$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:	Brett Isaac	(Drinted on tomad)		
	2151 University blvd S	(Printed or typed)	:	
	Address			
Jacksonville, FL 32216				
	City,	State & Zip		
	904-742-2388			
	Daytime Te	elephone number	-	
	Brett@isaactaxcpa.co	<u> </u>		
	E-mail address; (to be used	nor tuture annual report n	ouncation)	

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	on shall be: Samontee: F	ood Mart Inc	
2066 Samontee Rd	PAL OFFICE Principal street address		ess, if different is:
	11		
ARTICLE III PURPOS The purpose for which the	<u>SVE</u> e corporation is organized is:T	o Operate a convenience store	
			_
			. Par
			5 .
ARTICLE IV SHARE. The number of shares of st	Σ ock is:1000		1 4
	OFFICERS AND/OR DIRECTOR Hanna Dahi, President		
Address	2066 Samontoe Rd	Name and Title:	
_	Jacksonville, FL 32211		
_			
Name and Title:		Name and Title:	
Address			
_			-
Name and Title:		Name and Title:	
	· · · · · · · · · · · · · · · · · · ·		
			<del></del>

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT accept	table) of the registered agent is:
Name	Brett Isaac	20 20 20 20 20 20 20 20 20 20 20 20 20 2
Address:	2151 University Blvo S	
	Jacksonville, FL 32216	
ARTICLE VII	<u>INCORPORATOR</u>	<u>:</u> :
The <u>name and ac</u>	deress of the Incorporator is:	, <del>, , , , , , , , , , , , , , , , , , </del>
Name:	Brett Isaac	
Address:	2151 University Blvd S.	
	Jacksonville, Fl_32216	<del></del>
Effective date, if	ottor than the date of hintig	d cannot be more than five days prior or 90 days after the
Note: If the date he document's e	inserted in this block does not meet the app ffective date on the Department of State's re	plicable statutory filing requirements, this date will not be listed as ecords.
Having been nam vertificate, I am fo	ed as registered agent to accept vervice of pr amiliar with and accept the appointment as t	rocess for the above stated corporation at the place designated in this registered agent and agree to act in this capacity
<u> </u>	Butt. Un	12/18/24
	Required Signature/Registered Age	ent Date
I submit this document to the L  Required Signature	Separtment offstate fidistitutes whild degree	ein are true. I am aware that the false information submitted in a see felony as provided for in s.817.155, F.S.  Date
		Date

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