

P2400007773

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

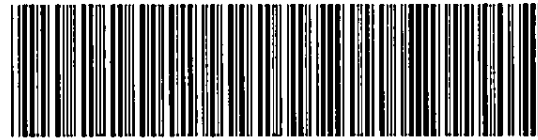
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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CLERK'S OFFICE

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CLERK'S OFFICE

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

Please use funds from the account 120210000160: \$70.⁰⁰

Authorization Signature D. Antilla

CJ'Z Express Food Mart Inc.
Business #Document

Walk in _____ Will wait _____

____ Certified Copies of the Articles of Organization
____ Certificate of Status

NEW FILINGS

____ Profit
____ Not for Profit
____ LLC
____ Domestication
☒ INC
____ CORP
____ OTHER

AMENDMENTS

____ Amendment
____ Resignation of R.A.
____ Change of Registered Agent
____ Dissolution/Withdrawal
____ Conversion
____ Statement of Authority
____ Merger
____ Amended and Restated Articles

OTHER FILINGS

____ Annual Report
____ Fictitious Name
____ Statement of Authority
____ APOSTIL _____
COUNTRY

REGISTRATION/QUALIFICATIONS

____ Foreign Filing
____ Partnership
____ Reinstatement
____ Statement of CORRECTION
____ Domestication of a Foreign Corp.
____ Other

EXAMINER'S INITIALS: _____

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2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

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Authorization Signature [Signature]

CS'2 Express Food Mart Inc.

Business #Document

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EXAMINER'S INITIALS: _____

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COVER LETTER

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

SUBJECT: CJZ Express 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: Brett Isaac
Name (Printed or typed)
2151 University Blvd S
Address
Jacksonville, FL 32217
City, State & Zip
904-730-9264
Daytime Telephone number
Brett@saacta.cpa.com
E-mail address: (to be used for future annual report notification)

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

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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: CJ's Express Food Mart Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8804 Lone Star Rd

Mailing address, if different is:

Jacksonville, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Operate Gas and Convenience Store.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raymond Joudi President

Name and Title: _____

Address 8804 Lone Star Rd

Address: _____

Jacksonville, FL 32211

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Brett Isaac

Address: 2151 University blvd S

Jacksonville, FL 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brett Isaac

Address: 2151 University blvd S

Jacksonville, FL 32216

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

Required Signature/Registered Agent

12/27/24
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.

Required Signature/Incorporator

Date

12/27/24

FILED
CLERK OF THE
SOUTH FLORIDA
JAN 2 2025
TALLAHASSEE, FL

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Release and Permission to Use Name

(Date) 12/27/2024

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: CJ' Z Express Food Mart Inc.

Florida Doc. Number: P18000036071

The date the document was filed with the Division of Corporations: 014/03/2018

I give my permission to release the name: CJ'Z Express Food Mart Inc

to make it available to the Division of Corporations for use by others. I will not
revoke this release of name.

Sincerely,

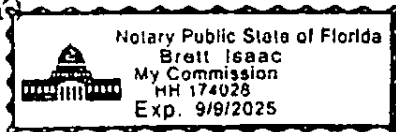
Signed name:



Printed Name: Raymond Joudi

Title: President

(NOTARY)



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