

P25000003073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

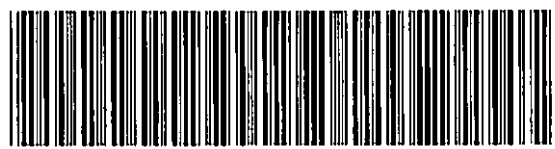
(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waldo Gas and Food Mart Inc.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name

Date

Time

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Art of Inc. File _____
LTD Partnership File _____
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Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
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Certificate of Status _____
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Corp Record Search _____
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Vehicle Search _____
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COVER LETTER

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

SUBJECT: Waldo Gas and 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: Mohammad Nizami

Name (Printed or typed)

20 NE Waldo Rd.

Address

Gainesville, FL 32641

City, State & Zip

732-642-8385

Daytime Telephone number

naz.borachi.fl@gmail.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: Waldo Gas and Food Mart Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20 NE Waldo Rd.

same

Gainesville, FL 32641

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any & all business practices

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mohammad Nizami, President

Name and Title: _____

Address

20 NE Waldo Rd.

Address: _____

Gainesville, FL 32641

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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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: Mohammad Nizami
Address: 20 NE Waldo Rd.
Gainesville, FL 32641

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mohammad Nizami
Address: 20 NE Waldo Rd.
Gainesville, FL 32641

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

Mohammad Nizami
Required Signature/Registered Agent

01-15-2025
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.

Mohammad Nizami
Required Signature/Incorporator

01-15-2025
Date

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STATE OF FLORIDA
DEPARTMENT OF STATE