

P99 000041231

TRANSMITTAL LETTER

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

900002860879--3
-05/03/99--01137--013
*****78.75 *****78.75

SUBJECT: Woodlawn Outlet, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Mohamad Mehdi
Name (Printed or typed)

1519 Eden Isle Blvd. NE # 103
Address

St Pete., Fl 33704
City, State & Zip

(727)-894-3407
Daytime Telephone number

FILED
99 MAY -3 PM 1:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

CB
5-6-99
2
no copy

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Woodlawn Outlet, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1820 16th St. N
St Pete., FL 33704

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Mohamad Mehdi
1519 Eden Isle Blvd NE # 103
St Pete., FL 33704

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mohamad Mehdi
1519 Eden Isle Blvd. NE # 103
St Pete., FL 33704


Signature/Incorporator

04/28/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

04/28/99
Date

FILED
99 MAY -3 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA