

P99000085964

TRANSMITTAL LETTER

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

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-09/27/99--01106--002
*****78.50 *****78.50

SUBJECT: PJ'S MINIMART, 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 of Status

☒ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: WILLIAM SCHACHT
Name (Printed or typed)

3501 W. VINE STREET, STE. 269
Address

KISSIMMEE, FL 34741
City, State & Zip

(407) 944-4310
Daytime Telephone number

FILED
99 SEP 27 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

9-29
MC

ARTICLES OF INCORPORATION
(FLORIDA)

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: **PJ's Minimart, Inc.**

ARTICLE II - Principle Office

The principal place of business and mailing address of this corporation shall be: **6438 International Drive, Orlando, Florida 32812.**

ARTICLE III - Shares

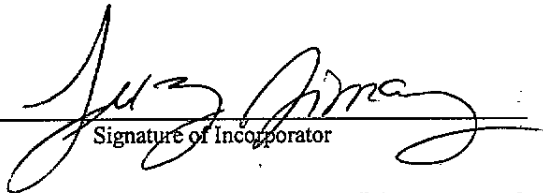
The number of shares that this corporation is authorized to have outstanding at any one time is:
10,000,000.

ARTICLE IV - Initial Registered Agent and Street Address


The name and Florida street address of the initial registered agent is: **Melissa Jimenez, 4739 Chevy Place, Orlando, Florida 32811.**

ARTICLE V - Incorporator

The name and address of the incorporator to these Articles of Incorporation are: **Luz Jimenez, 4739 Chevy Place, Orlando, Florida 32811.**

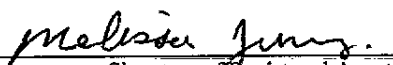


Signature of Incorporator

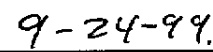


Date

Having 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 of Registered Agent



Date

FILED
99 SEP 27 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA