## P230000a1977

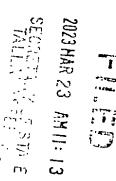
(5)		
(Re	questor's Name)	
(Ad	dress)	
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(Cit	:y/State/Zip/Phone #	<del>"</del>
`	•	
PICK-UP	☐ WAIT	MAIL
<u> </u>		
(Bu	isiness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates of	of Status
Special Instructions to	Filing Officer:	

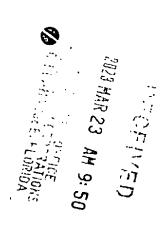
Office Use Only



600403557496

S. CHATHAM
MAR 24 2023





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(850) 524-5437 (850) 524-6243	
Please use funds from this account: I2021 Authorization Signature:	0000160 Amount:\$70.00
SUNCOAST GROCERY & DELI INC Business	Document #
Certified Copy of Articles of Incorpor	ration
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability  Domestication Other X CORP LP	Amendment Resignation of R.A. Officer/Director  Change of Registered Agent or office Dissolution Merger Conversion Amended and restated Articles
OTHER FILINGS	Revocation of Dissolution  REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing _ Limited Partnership
Fictitious Name	Reinstatement
1_APOSTILLE <u>1_Uruguay</u> Country	Other

ELORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

XAMINIER'S INITIALS:\_\_\_\_

## **COVER LETTER**

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

	UNICOAST CDOCEDY & DEU	LINC	
SUBJECT: _ <u>&gt;</u>	UNCOAST GROCERY & DELI (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an	original and one (1) copy of the ar	ticles of incorporation and	l a check for:
<b>☑</b> \$70.0 Filing Fe		☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM	MOHAMMED HASAN Nam 3401 N 22ND ST	ne (Printed or typed)	
	340114 22140 01	Address	<del></del>
	TAMPA FL 33605	, State & Zip	
	813-363-3050  Daytime	Telephone number	<u> </u>
	mohammed1010199@icloud.	com	
	E-mail address: (to be use	ed for future annual report i	notification)

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)

<u>ARTICLE II PRIN</u>			Mailing address, if different is:		
3401 N 22ND ST		3401 N 22ND ST	3401 N 22ND ST TAMPA FL 33605		
TAMPA FL 33605		TAMPA FL 336			
ARTICLE III PURP. The purpose for which	OSE the corporation is organized is: Any	Lawfull Business			
			2023 \$50		
			3 HAR 23		
ARTICLE IV SHAR The number of shares of	RES f stock is: 1000		in w		
<u>ARTICLE V INITL</u>	AL OFFICERS AND/OR DIRECTO	<u>RS</u>			
Name and Titl	e: PRESIDENT	Name and Title:	<del></del>		
Address	MOHAMMED HASAN	Address:	<del></del>		
	3401 N 22ND ST				
	TAMPA FL 33605				
Name and Title	::	Name and Title:			
Address		Address:			
		<del></del>			
Name and Title	e:	Name and Title:			
Alddminns		Address:			
Address		<del></del>	<del></del>		

Name an	d Title:	Name and Title:	
Address	·	Address:	
		<del>-</del>	
	<u>REGISTERED AGENT</u> lo <u>rida street address</u> (P.O. Box <b>NOT</b> accept	able) of the registered agent is:	
Name:	MOHAMMED HASAN		
Address:	3401 N 22ND ST		·s 2
	TAMPA FL 33605		2023 HAR SEGNAL I
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		2
The name and ac	ddress of the Incorporator is:		
Name:	MOHAMMED HASAN		
Address:	3401 N 22ND ST		$\omega$
	TAMPA FL 33605		
Effective date, if	EFFECTIVE DATE: 03/23/2022 other than the date of filing: 03/23/2022 late is listed, the date must be specific and	. (OPTIONA	AL) s prior or 90 days after the
filing.)	rate is fisted, the date must be specific and	Cannot be more than five day.	s prior of 20 days aree en
Note: If the date the document's e	inserted in this block does not meet the appetractive date on the Department of State's r	olicable statutory filing requireme ecords.	ents, this date will not be listed as
Having been nan certificate, I am j	ned as registered agent to accept service of pa familiar with and accept the appointment as	rocess for the above stated corpor registered agent and agree to act	ation at the place designated in the in this capacity
Mohammeet riasan (Mar 22, 2023 17.12 EDT)			Mar 22, 2023
MONammee nasan (mar 22	Required Signature/Registered Ag	ent	Date
I submit this document to the	cument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that th ee felony as provided for in s.817.	e false information submitted in 155, F.S.
~#-	.7073 17·17 EDT		Mar 22, 2023
Required Signati			Date

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