

4/9/24, 2:52 PM

Division of Corporations

SECOND REQUEST

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**P2400027941**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000129926 3))



H240001299263ABC2

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8465

SECRETARY OF STATE  
FLORIDA  
7:01 APR 22 PM '24

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: AIMET@EXPRESSTAXSVCS.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
AMIRAH FOOD STORE INC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

APR 22 PM '24  
T.J.H

4/23/24

### COVER LETTER

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

**SUBJECT:** AMIRAH FOOD STORE 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 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:** MOHAMED IBZIE IBZIE  
Name (Printed or typed)  
305 SW 12 AVE  
Address  
MIAMI, FL 33130  
City, State & Zip  
786-828-0626  
Daytime Telephone number  
AIMET@EXPRESSTAXSVCS.COM  
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME

The name of the corporation shall be: AMIRAH FOOD STORE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

305 SW 12 AVE

305 SW 12 AVE

MIAMI, FL 33130

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFULL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MOHAMED IBZIE IBZIE - PD Name and Title:

Address: 305 SW 12 AVE Address:

MIAMI, FL 33130

Name and Title: Name and Title:

Address: Address:

Name and Title: Name and Title:

Address: Address:

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FLORIDA

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: MOHAMED IBZIE IBZIE  
 Address: 305 SW 12 AVE  
MIAMI, FL 33130

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MOHAMED IBZIE IBZIE  
 Address: 305 SW 12 AVE  
MIAMI, FL 33130

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**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*

MOHAMED IBZIE IBZIE 04/09/2024  
 Required Signature/Registered Agent 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.*

MOHAMED IBZIE IBZIE 04/09/2024  
 Required Signature/Incorporator Date