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\_\_\_\_\_  
(Requestor's Name)

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(Address)

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(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

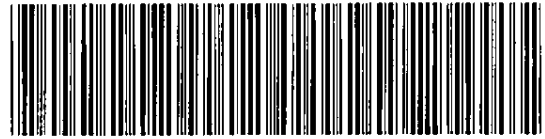
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2025 FEB 11 AM 9:47

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-54372  
(850) 524-6243

*please use the  
attached filing*

Please use funds from the account 120210000160: \$70.00

Authorization Signature *J. J. [Signature]*

H & M Market 2, INC

Business

#Document

Walk in

       Will wait

       Certified Copy  
       Certificate of Status

**NEW FILINGS**

       Profit  
       Not for Profit  
       LLC  
       Domestication  
  X   INC  
       CORP  
       OTHER

**AMENDMENTS**

       Amendment  
       Resignation of R.A.  
       Change of Registered Agent  
       Revocation of Dissolution  
       Conversion  
       Statement of Authority  
       Merger  
       **REVOCATION OF DISSOLUTION**

**OTHER FILINGS**

       TRANSMITTAL LETTER  
       Fictitious Name  
       Statement of Authority  
       APOSTIL                       
                    COUNTRY

EXAMINER'S INITIALS:                     

**REGISTRATION/QUALIFICATIONS**

       Foreign Filing  
       Partnership  
       Reinstatement  
       Statement of CORRECTION  
       Domestication of a Foreign Corp  
       Other

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EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** H&M MARKET 2 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:** ANDRE KATTOURA

Name (Printed or typed)

4100 N POWERLINE RD STE B2

Address

POMPANO BEACH, FL 33073

City, State & Zip

561-305-4000

Daytime Telephone number

andre@accountantsnow.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: H&M MARKET 2 INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2614 NW 5TH AVE

MIAMI, FL 33127

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: grocery store

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ALICE ABDO PRESIDENT

Name and Title: \_\_\_\_\_

Address 2614 NW 5TH AVE

Address: \_\_\_\_\_

MIAMI, FL 33127

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: ALICE ABDO \_\_\_\_\_

Address: 2614 NW 5TH AVE \_\_\_\_\_

MIAMI, FL 33127 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: ALICE ABDO \_\_\_\_\_

Address: 2614 NW 5TH AVE \_\_\_\_\_

MIAMI, FL 33127 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/10/2025 (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*



\_\_\_\_\_  
Required Signature/Registered Agent

02/10/2025

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Required Signature/Incorporator

02/10/2025

\_\_\_\_\_  
Date