## 914000101565

(Requestor's Name)			
(Address)	700267544507		
(Address)  (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL	12/22/1401029009 **87.50		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status	14 DEC 22		
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## **COVER LETTER**

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

SUBJECT:

(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 \$87.50 Filing Fee & Certificate of Status

ADDITIONAL COPY REQUIRED

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)

The name of the corpor	me ration shall be: M	prose &	Meith, Inc.
ARTICLE II PR 6520 S Miami	INCIPAL OFFICE Principal street address  S.W.72 <sup>-4</sup> Cou	<del></del>	Mailing address, if different is:
ARTICLE III PUT The purpose for which	the corporation is organized is:	Business	consulting
			·
The number of shares o	10: Chris Pav 6520 S.W. 72 <sup>nd</sup> Miami, FL 3	RECTORS  10.5 Name and Title Address:  2143	) <u>s</u> -
Name and Title Address	6520 SW.72	Name and Title  Address:  Address:  33143	
Name and Title	):	Name and Title	2:
Address		Address:	

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptate)	ble) of the registered agent is:	
Name: Chris Davies		
Address: 6520 S.W. 724 C Miami, FL. 33	auct = == ==	
ARTICLE VII INCORPORATOR		
The <u>name and address</u> of the Incorporator is:	2: 50 PLORIE	
Name: Chris Davies		
Address: $6520$ $5.0$ $2^{\circ}$	Cort	
Address: 6520 S.W.72"  Miami, FL 33	143	
Having been named as registered agent to accept service of pathis certificate, I am familiar with and accept the appointment	rocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity	
( V Jamo	12-11-2014	
Required Signature/Registered Agen	Date 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	12-11-2014 Date	