

P21000104219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP    WAIT    MAIL

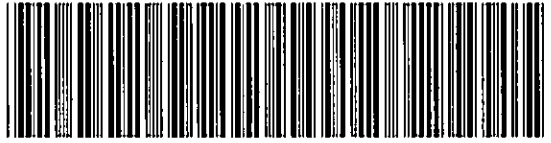
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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DEC 16 2021

T. SCOTT

# COVER LETTER

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

SUBJECT: Maung Family Corp  
(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: Khin Maung Maung  
Name (Printed or typed)

5032 Greenway Ct.,  
Address

North Port, FL 34287  
City, State & Zip

941-258-6552  
Daytime Telephone number

junemaungmaung@yahoo.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: Maung Family Corp.,

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5032 Greenway Ct., North Port, FL 34287
Mailing address, if different is: Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail Business- make sushi boxes inside supermarket.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Khin Maung Maung, President
Address: 5032 Greenway Ct., North Port, FL 34287

Name and Title: Khin Maung Maung, Director
Address: 5032 Greenway Ct., North Port, FL 34287

Name and Title:
Address:

Handwritten stamp: DEC 14 AM 9:20

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:           Khin Maung Maung            
 Address:           5032 Greenway Ct.            
          North Port, FL 34287          

**ARTICLE VII INCORPORATOR**

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

Name:           Khin Maung Maung            
 Address:           5032 Greenway Ct.            
          North Port, FL 34287          

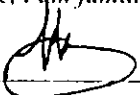
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

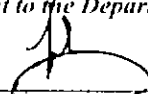
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**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:*

	_____	<u>          12.07.21          </u>
	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.*

	_____	<u>          12.07.21          </u>
	Required Signature-Incorporator	Date