

P110000035884

(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



600196000596

04/07/11--01021--008 **79.00

FILED

2011 APR 11 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U110000019998

SC
4-8-11
13

COVER LETTER

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

SUBJECT: THE MATCHORMINGLE.COM CORPORATION
(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: **Kahil Wright**

Name (Printed or typed)

Lake Howell Rd. 201-9, Maitland FL 32751

Address

Maitland FL 32751

City, State & Zip

904 647 0926

Daytime Telephone number

Contact@matchormingle.com ✓

E-mail address: (to be used for future annual report notification)

FILED
2011 APR 11 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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: **THE MATCHORMINGLE.COM CORPORATION**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

467 Lake Howell Rd. Suite 201-9
Maitland, Florida, 32751

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This organization creates a medium for singles to meet and socialize.

ARTICLE IV SHARES

The number of shares of stock is: **500,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Kahil Wright - CEO**

Address: **467 Lake Howell Rd. Suite 201-9**
Maitland, Florida, 32751

Name and Title: _____

Address: _____

Name and Title: **Timothy Perez - CTO**

Address: **467 Lake Howell Rd. Suite 201-9**
Maitland, Florida, 32751

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Kahil Wright**

Address: **467 Lake Howell Rd. Suite 201-9**
Maitland, Florida, 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Kahil Wright**

Address: **467 Lake Howell Rd. Suite 201-9**
Maitland, Florida, 32751

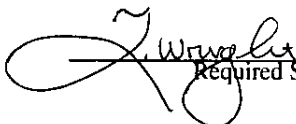
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

4/8/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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

4/8/11
Date

FILED
2011 APR 11 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA