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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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TALLAHASSEE, FLORIDA

MB 10/8/13

COVER LETTER

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

SUBJECT: Making Sense Group, 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: Greg Whitbeck
Name (Printed or typed)

4136 Player Circle
Address

Orlando FL 32808
City, State & Zip

321-527-6831
Daytime Telephone number

gregorywhitbeck@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

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: Making Sense Group, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4136 Player Circle
Orlando FL 32808

Mailing address, if different is:
P.O. Box 236
Goldenrod FL 32733

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Publish, distribute and sell information through licensed individualized counseling, audio and video tapes or other current forms of media, to individuals seeking to simply be entertained or to just improve their lives.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Greg Whitbeck
Address: 4136 Player Cir.
Orlando FL 32808

Name and Title: CEO
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

(conti.)

Name and Title: _____ Name and Title: FILED

Address _____ Address: 13 OCT -7 PM 2:03

_____ SECRETARY OF STATE TALLAHASSEE, FLORIDA

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: Greg Whitbeck

Address: 4136 Player Cir

Orlando FL 32808

ARTICLE VII INCORPORATOR

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

Name: Greg Whitbeck

Address: 4136 Player Cir.

Orlando FL 32808

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

_____ 10-4-2013

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.

_____ 10-4-2013

Required Signature/Incorporator Date