

N13000001126

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

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

☐ PICK-UP    ☐ WAIT    ☐ MAIL

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

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

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TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Mac Ent inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: \_\_\_\_\_

De'Adrian Lester

Name (Printed or typed)

2009 W. 4th St

Address

Jacksonville, FL 32209

City, State & Zip

904-534-9459

Daytime Telephone number

mrforly 0526@gmail.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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Mac Ent loc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

9801 Old Baymeadows rd  
apt 92  
Jacksonville, FL 32256

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: This is a non-profit charitable  
organization "Specializing in Entertainment for parties of  
all ages, family celebrations and other social events"

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: The director  
and the elected officials are appointed by the C.E.O.

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

Name and Title: De'Adrian Lester - C.E.O Name and Title: Nigel Harris - V.P

Address: 2009 W 4th St Address: 9801 Old Baymeadows rd apt 92  
Jacksonville, FL 32209 Jacksonville, FL 32256

Name and Title: Michelle Moore - Treasurer Name and Title: Nicholas Harris - Secretary

Address: 1151 Kathleen Bynum dr Address: 10770 Anders Blvd apt 802  
Warner Robins, GA 31093 Jacksonville, FL 32246

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

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

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TALLAHASSEE FLORIDA

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: De'Adrian Lester

Address: 2009 W 4<sup>th</sup> St  
Jacksonville, FL 32209

**ARTICLE VII INCORPORATOR**

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

Name: De'Adrian Lester

Address: 2009 W 4<sup>th</sup> St  
Jacksonville FL 32209

*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*

De'Adrian Lester  
Required Signature of Registered Agent

12-10-13  
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.*

De'Adrian Lester  
Required Signature of Incorporator

12-10  
Date  
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TALLAHASSEE FLORIDA