

N14000006210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

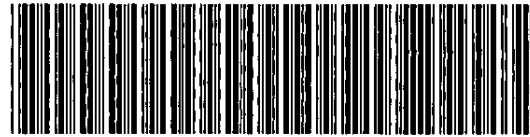
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900261024279

06/12/14--01007--007 \*\*78.75

FILED  
14 JUN 30 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

W14-37390

07/01/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2014

MARVIN R. FISHER  
11634 BRIAN LAKES DR.  
JACKSONVILLE, FL 32221

SUBJECT: M.A.S.H. GROUP, INC.  
Ref. Number: W14000037390

RECEIVED  
TALLAHASSEE, FLORIDA

14 JUN 30 PM 12:20

RECEIVED

00

We have received your document for M.A.S.H. GROUP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000069922 (MASH GROUP LLC).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00013005

## COVER LETTER

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

SUBJECT: **M.A.S.H. GRP, 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: **MARVIN R FISHER**

Name (Printed or typed)

**11634BRIAN LAKES DR**

Address

**JACKSONVILLE, FL 32221**

City, State & Zip

**904-535-8023**

Daytime Telephone number

**mashgroup2014@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: MASH GRP, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

MARVIN R FISHER

11634 BRIAN LAKES DR

JACKSONVILLE, FL 32221

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: an organization that is focused on providing an alternative and beneficial outlet for those who are passionate about athletics and health. We are designed to offer programs that are engaging, challenging and will promote healthy physical, social, and emotional well-being through a wide range of mentoring and athletics.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Voted by board members

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

Name and Title: Samia Jackson -President

Address: 4495 Lovelace Pass Dr E  
Jacksonville, FL 32210

Name and Title: Marvin Fisher - Vice President

Address: 11634 Brian Lakes Dr  
Jacksonville, FL 32221

Name and Title: Ashley Feagin- Chelf Financial Officer

Address: 7029 Knotts Dr  
Jacksonville, FL 32210

Name and Title: Telicia Fisher - Secretary

Address: 1634 Brian Lakes Dr  
Jacksonville, FL 32221

Name and Title: Darien Brooks - Treasurer

Address: 4495 Lovelace Pass Dr E  
Jacksonville, FL 32210

Name and Title:

Address:

SECRETARY OF STATE  
ALLAHABAD, INDIA

14 JUN 30 AM 11:25

FILED

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: MARVIN R FISHER

Address: 11634 BRIAN LAKES DR  
JACKSONVILLE, FL 32221

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARVIN R FISHER

Address: 11634 BRIAN LAKES DR  
JACKSONVILLE, FL 32221

*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 of Registered Agent

06-07-14

\_\_\_\_\_  
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 of Incorporator

06-07-14

\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 JUN 30 AM 11:25

FILED